

Ref. No.

Date:

MEDICAL FITNESS CERTIFICATE FOR COLLEGE STUDENTS / N.C.C CADETS

❖ **PERSONAL DETAILS :-**

Full Name : _____

Address : _____

Birth of date : _____ Class : _____

Subject : _____ Mo. no. : _____

E mail : _____

❖ **PHYSICAL & CLINICAL STANDARDS :-**

1) Height (cms) : _____ 2) Weight (kgs) : _____

3) Chest (cms)

Un Expanded : _____ Expanded : _____

4) Blood Group : _____ 5) Plus(Per/m) : _____

5) Blood Presser: _____ 6) Hemoglobin : _____

6) Physically handicap : Yes _____ Or No _____

7) Any major or minor operation : Yes _____ or No _____

❖ **REMARKS :-**

1) Fit / Unfit : _____

2) Reasons for declaring unfit : _____

Place :

Signature Of Medical Officer With Stamp

Date :