



St. Pushpa School

Dhada, Hata. Kushinagar Dist. (U.P.)

MEDICAL FITNESS CERTIFICATE



(Photo is to be attested by the examining Doctor)

Name of the Student

Date of Birth

Class to which admission is sought

School where the Student last attended.....

Parent's Name & Occupation

Age..... Height Weight

Chest inspiration..... Chest expiration.....

Abdomen Oral Hygiene & Teeth

CVS Ear, Nose, Throat

CNS..... Immunisation status

RE BCG.....

Vision Polio

LE DPT

If any deformity, its nature & extent

If any operation, particulars

(date,nature, results, condition of scars)

Other Remarks & Recommendations

Signature of the Parent

Signature, Name and designation
of the Examiner

Note of the Parents :

Parents should specially mention in the above column whether Hearing or Vision is impaired and any other problem which the student is prone to suffer or special attention to be given.