

## **MEDICAL CERTIFICATE OF FITNESS**

I have examined Shri/ Kumari/

Smt..... Son/ Daughter of Shri

..... aged..... Years, of Village

..... P. O..... P.S .....

Dist..... State..... PIN ..... and certify that, he/ she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his/ her work and found him/ her possessing good health.

I/ We also certify that he/ she has marks of small pox/ Vaccination.

- Chest measurement in 

On full Expiration
On full inspiration
Difference (expansion)
  - Weight in kg.
  - Cardio – Vascular system.
  - Respiratory System.
  - His/ Her vision is normal.
  - Hypermetropic/ Mypopic. Astigmatic
- (here enter the degree of defect and the strength of correction glasses)

**This certificate is being given to him/ her for the purpose of Trekking for 3 days to Agasthyarkoodam.**

Signature of Candidate  
(To be signed in presence of the Medical Officer)

Signature of Medical Officer: .....

Name of Medical Officer: Dr. ....

Registration No: .....

Rank: .....

Dated:

Seal