Medical Fitness Certificate

This is to certify that I have carefully examined _____ daughter of /Son of father and mother's name and based on the clinical examination, I find that she is in normal state of health and free from any communicable or non-communicable disease, illness, or physical defect/infirmity which may interfere with schooling including active outdoor activities.

The immunization status and records are up to date as per the Universal Immunization Programme (UIP) schedule. This certificate has been issued to him/her for the purpose of school admission.

Date of Examination:

Place:

Signature of the Parent:

Signature and Seal of the Registered Medical Practitioner:

Name of Doctor:

Contact Info:

Note: Medical Certificate granted by a qualified medical practitioner holding at least MBBS Degree and registered with Medical Council of India, shall only be valid. The date of issue of medical certificate should be within 2 months of from the date of application.