

MEDICAL CERTIFICATE

Sr. No.:.....

It is certified that Master.....

D/o S/o Sh.....student of
Class.....

of S.S.N. Public School Kumarhatti, is free from any constitutional and hereditary disease or infirmity. I further certify that the child is not subject to any deformity or mental defect and such troubles as insomnia or sleep walking, fits or convulsion, lung trouble, epilepsy, asthma tonsils and bed-wetting.

Indicate I Mention the following :

- (i) Specific Disease
- (ii) Bed-wetting & sleepwalking (for Hostler)
- (iii) Allergy to any drug
- (iv) Blood group
- (v) Any major surgical operation
- (vi) Height.....(in cm)
- (vii) Chest.....(in cm)
- (viii) Weight.....(in kg)
- (ix) Vision (L).....(R).....
- (x) Teeth.....
- (xi) Oral Hygiene.....

Signature of student

Date :.....

Place :.....

Signature (With Seal)

MBBS (Doctor) / Registered
Medical Practitioner