

**CERTIFICATE OF MEDICAL FITNESS  
(TO BE DEPOSITED AT THE TIME OF PHYSICAL ENDURANCE TEST)**

To be obtained only from Gazetted Government Medical Officer/Medical Officer of a Government Undertaking. (Please note that in no other form this certificate will be accepted. Medical Certificates issued by Private Medical Practitioners will not be accepted.)

**Name:** ..... (in Block Letters)

**Father's Name:** .....

**Blood group / Anaemic (Blood Count) :** .....

**Height:**.....**Weight:**.....

**Chest:**.....

**Heart and Lungs:**.....

**Vision: L:**..... **R:**.....

**Colour Vision:**.....

**Hearing:**.....

**Hernia/Hydrocele/Piles :** .....

**Any other disease diagnosed in past:**.....

**Allergies, if any:** .....

**List of prescribed medication, if any**.....

**1** .....

**2** .....

**3** .....

**Any other remarks:** .....

I certify that I have carefully examined Mr./ Ms. ....

Son/daughter of Mr. .... who has signed in my presence.

He/She has no mental and physical disease and is considered FIT for the Physical Endurance Test.

**Signature of the Candidate:**

**Station:** .....

**Date:** .....

**Signature of the Medical Officer**

(With legible seal)