MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined .....
Son/Daughter of ..... whose signature is given below.

Based on the examination, I certify that he/she is in good mental and physical health.

He/She does not have any allergies/medical conditions necessitating special attention (if any, kindly attach separate sheet with details).

He/She is fit to participate in activities appropriate for his/her peers.

Signature of the Parent

Doctor's Signature

Place: _____

Date: _____

Dr. Roshan Poudyal Sharma
DCH, DNB (Paediatrics)
Reg. No. SMC/0726