



MEDICAL FITNESS CERTIFICATE

I certify that I've carefully examined.....Son/Daughter of.....whose signature is given below. Based on the examination I certify that She/he is in good mental and physical health.

She/he doesn't have any allergies/ medical conditions necessitating special attention (if any, kindly attach separate sheet with details).

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

(To be signed by a registered medical practitioner holding a degree not below that of MBBS)

Signature of the Parent:

Doctor's signature:

UDICHI

Dr Roshan Poudyal Sharma

DCH, DNB (Paediatrics)

Reg. No. SMC/0726

Place:

Date: