

**HEALTH AND AGE CERTIFICATE PHYSICAL FITNESS  
CERTIFICATE**

I do hereby certify that I have examined

Sri /Smt./ Kum. \_\_\_\_\_

S/o D/o Sri \_\_\_\_\_

Resident of \_\_\_\_\_

A candidate of Admission/Employment/Training in the \_\_\_\_\_

\_\_\_\_\_ Department and cannot discover that he/she has already  
dies and constitutionally, bodily infirmity I do not consider this is a disqualification  
for the employment/Training/ Admission in the \_\_\_\_\_  
Department.

His/Her age is according to his/her own statement is

\_\_\_\_\_

Years and by appearance \_\_\_\_\_ years, and his /her height is \_\_\_\_\_

Weight is \_\_\_\_\_

Chest is \_\_\_\_\_

- 1) Had an attack of Small pox. }
- 2) Had marks of successful vaccination.}
- 3) He/She will be eligible for employment/}  
Admission/Training and revaccination.

**IDENTIFICATION MARKS:**

1.

2.

**SIGNATURE OF MEDICAL OFFICER**