**AYYA NADAR JANAKI AMMAL COLLEGE(Autonomous), SIVAKASI.**

**MEDICAL FITNESS CERTIFICATE**

**Name : Application No :**

**Address :**

**Height :**

**Weight :**

**Chest : Normal : Expansion :**

**L. Eye :**

**R. Eye :**

**C.V.S :**

**R.S. :**

**ABD :**

**Hernia :**

**C.N.S :**

**E.N.T :**

**B.P. :**

**Remarks**

Whether he is fit for strenuous physical activity for two hours consciously?

Station :

Date : Signature of Medical Officer

Register No :

Seal :