**MEDICAL FITNESS CERTIFICATE**

Registration no :- ………………………………………………… Date :- 27/10/2020

Patient Name :- …………………………………………………

Date of birth :- …………………………………………………

Father’s Name :- …………………………………………………

Address :- …………………………………………………

 …………………………………………………

Passport no :- …………………………………………………

Identification Mark :- …………………………………………………

1. Eye :
2. ECG :
3. X Ray Chest (PA View) :
4. HB. :
5. BT. :
6. CT. :
7. TLC. :
8. DLC. :
9. RBS. :
10. BILLIRUBIN. :
11. S.G.OT :
12. BLOOD UREA :
13. HIV :
14. HCV :
15. HBV :
16. VDRIL :
17. URINE C/E :

After going through the following test I have found ……………………..(Patient Name) S/o ………………………….. (Patient Father’s Name) is medically fit.

Signature

 Medical Officer

 L.D. Govt. Hospital, Kashipur

 Ramnagar Road, Udham Singh Nagar