



Little Flower School
Salempur, Deoria - Dt., U.P. - 274509
 Mob. 9453344112, 8765932092
 email: littleflowerschoolsalempur@gmail.com

*Affix a
 Stamp size
 Colour Photo*

MEDICAL FITNESS CERTIFICATE

1. Name of the Student
2. Date of Birth(DD/MM/YY)
3. Class to which admission is sought
4. School where the Student last attended
5. Parent's Name & Occupation

Age	Height	Weight
Chest inspiration	Chest expiration	
Abdomen	Oral Hygiene & Teeth	
C V S	Ear, Nose, Throat	
C N S	Immunisation status	
RE		
Vision _____	B C G	
LE	Polio	
Blood Group	D P T	

If any deformity, its nature & extent

If any operation, particulars

(Date, nature, results, condition of scars)

Other Remarks & Recommendations

Signature

Name and Designation of the Examiner Signature of the Parent

Note of the Parents : Parents should specially mention in the above column whether Hearing or Vision is impaired and any other problem which the Students is prone to suffer or special attention to be given.