

**CERTIFICATE OF MEDICAL FITNESS**

The medical certificate should be signed by Government authorized Doctor (Gaz.), not below the rank of Asst. Surgeon of Central/State Hospital.

1. Name (in Block letters).....S/D of .....

2. Age....., Height....., Weight....., Chest Expansion.....

3. Vision in each Eye:

4. Hearing in both ears:

5. Skin Whether any evidence of acute or chronic skin disease or chronic ulceration.

6. Speech

7. Alimentary System. a) Sugar in Urine....., b) Hernia/Hydrocele/Piles.....

c) Remarks, if any other disorder found

8. Cardio Vascular System a) Blood Pressure.....b) Remarks, if any other disease is found..

9. Respiratory System

10. Genito Urinary System

11. Skeletal System

12. Nervous System

13. Glandular System: Whether any evidence of tuberculosis/ or other disease of the glandular system including endocrine glands. :.....

I certify that I have examined Mr/Ms .....son/daughter of ..... The standard of physical fitness has been checked as per SCHEDULE-II (Rule-4) of Apprentices Rules 1992. He/She is physically fit for being engaged as an apprentice in a Trade.....under the Apprentices Act 1961.

Signature of the candidate

Signature of the medical Officer With legible seal