

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a degree not below that of MBBS)

(TO BE SUBMITTED AT THE TIME OF REPORTING)

(Refer training programme of courses for the year 2023-2024)

1. I certify that I have carefully examined Mr/Ms _____ Son/daughter/wife/husband_____. Based on the examination, I certify that he/she is in good health and is free from signs and symptoms of corona virus (COVID-19) which may interfere with his/her course including the active outdoor AdventureActivity.

(a) Fever - Detected/notdetected.

(b) Cough - Detected/notdetected

(c) Any other symptoms if any_____

Signature of the candidate_____

Place

:Date :

Name & Signature of the Medical Officer With Seal and registration number