

MEDICAL CERTIFICATE

1. It is certified that Master/Miss_____

Age_____ yrs, son/daughter of_____

Address_____

_____is not suffering from any disease or has been in contact with any contagious disease.

2. He/She has been given protective inoculation/vaccination as under:-

Protective Pox Vaccination Date _____

(a) Small Pox vaccination _____

(b) Triple antigen (upto 5yrs) _____

(c) Tab _____

(d) Tetanus Toxioid _____

3. Height _____ Cms

4. Weight _____ Kgs

5. Blood Group_____

Date :

(Signature of Medical Officer)