



ST. JOSEPH'S HIGH SCHOOL

(Affiliated to the ICSE New Delhi)

GORAKHNATH, GORAKHPUR

MEDICAL FITNESS CERTIFICATE

Affix a stamp size photo

(Photo is to be attested by the examining Doctor)

Name of the Student : _____

Date of Birth : _____

Class to which Admission is Sought : _____

School where the student last attended: _____

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 :

Vision : RE : _____
LE : _____

BCG : _____

Polio : _____

DPT : _____

If any deformity, its nature and 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 to the parents:

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