

MEDICAL FITNESS CERTIFICATE

This is to certify that I have examined **Mr./Ms.** _____, S/o
or D/o _____, aged _____ years, and based on my
examination, I find that he/she is **medically fit** for admission into the Fire and Safety course.

Physical Standards:

i) Height (without footwear) : _____ cm ii) Weight : _____ kg
iii) Chest (Normal) : _____ cm iv) Chest (Expanded) : _____ cm

Medical Standards:

<u>Parameter</u>	<u>Details</u>
a) Visual Acuity (with/without glasses)	_____
b) Colour Vision (Remarks)	_____
c) Hearing Ability (Both Ears)	Normal / Impaired (specify)_____
d) Respiratory System	Fit / Unfit (Remarks)_____
e) Cardiovascular Condition	Fit / Unfit (Remarks)_____
f) Musculoskeletal System	Normal / Any disability (specify)_____
g) Mental Health & Cognitive Status	Stable / Concerns (specify)_____
h) Any Chronic Illness (e.g., asthma, epilepsy, diabetes)	No / Yes (specify)_____

Conclusion:

The applicant is **Fit / Unfit** (strike off whichever is not applicable) to undergo the physical training and practical activities required in the Fire and Safety course.

Date : _____
Place : _____

Full Signature of Doctor with Registration No. & Seal