

MEDICAL CERTIFICATE FOR HOSTEL

(To be obtained only from a Gazetted Government Medical Officer)

Name (in Block Letters) :

Father's/Mother's Name :

Blood Group of the Student :

Height : Weight :

Vision L : R :

Does the student wear Spectacles/Lenses

No

Yes

Spectacles or Lenses

Any comments regarding vision :

.....

Hearing Loss : No Yes Partial

Allergies, if any :

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Any other remarks (related to Medical History) :

.....

I, Dr. after careful personal examination of the case do hereby certify that Ms. is found physically fit to stay in a school hostel.

Place :

Date :

Signature with seal

Ref. No.:

Designation :