

ST. XAVIER'S COLLEGE (Autonomous), PALAYAMKOTTAI

DEPARTMENT OF PHYSICAL EDUCATION

MEDICAL FITNESS CERTIFICATE

Name :
Application No. :
Address :

Height :
Weight :
Chest :
Normal : **Expansion** :
L. Eye : **R. Eye** :
C.V.S :
R.S. :
ABD :
Hernia :
C.N.S :
E.N.T :
B.P. :



Remarks if any:

Whether he / she are fit for strenuous physical activity for two hours continuously?

Place:

Signature of Medical Officer

Date:

Register No.:

Seal: