

MEDICAL REPORT

Trainee Name:- _____ **Adm.No: -** _____

Course Applied:- _____

(To be filled by a government qualified registered medical practitioner)

I have examined the applicant in respect but not limited to the following areas: Eyes, Ears, Physical Ability, Chest, Symptoms of infectious disease, etc. To my opinion I find that he/she is

Fit

Not fit for the course applied.

Comments: _____

Physician's Name:- _____ Sign: _____

Name of the Health Facility:- _____

Date and official Rubber Stamp:- _____