

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:

Affix your recent
passport size
photo here

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

Place:

Signature of Medical Officer

Date:

Register No.:

Seal: