

PHYSICAL FITNESS CERTIFICATE

1. I, do hereby certify that I have examined _____ candidate for

and that I cannot detect that he/she has any disease, constitutional affection or bodily infirmity except ____

I do not consider this as disqualification for employment in office of

2. I'm also satisfied (after personal examination) that he/she was vaccinated/re-vaccinated within a week prior to the date of this examination

3. His age is according to his/her own statement year and by appearance about .. years.

4. Height

5. Weight

6. Chest measurement on (full inspiration)

7. Vision

a) Right Eye

b) Left Eye ..:

Wears spectacles Yes/no

City / Place :

Date :