



## **ICAR - N.R.R.I. DISPENSARY**

Cuttack – 753006 (ODISHA)

### **Physical Fitness Certificate**

#### **PERSONAL DETAILS**

- Name and Address :- \_\_\_\_\_  
\_\_\_\_\_
- Division/Section :- \_\_\_\_\_
- Gender :- \_\_\_\_\_
- Date of Birth :- \_\_\_\_\_ Age (in years) :- \_\_\_\_\_
- Blood Grouping :- \_\_\_\_\_
- History of Allergy :- \_\_\_\_\_  
(if any)
- History of Medical illness :- \_\_\_\_\_  
(if any)
- History of Current Medication for any illness :- \_\_\_\_\_
- Others if any :- \_\_\_\_\_

#### **Medical Record**

- Pulse :- \_\_\_\_\_/min
- Height :- \_\_\_\_\_ in Cm and Weight :- \_\_\_\_\_ Kg
- BP :- \_\_\_\_\_ mm/ Hg
- Communicable Disease  
(Presently) :- \_\_\_\_\_
- Physical Appearance :- \_\_\_\_\_
- C V S :- \_\_\_\_\_
- C N S :- \_\_\_\_\_
- Chest :- \_\_\_\_\_
- Hearing :- \_\_\_\_\_
- Vision :- \_\_\_\_\_  
Colour Vision :- \_\_\_\_\_
- Other Findings / remarks:- \_\_\_\_\_  
if any.

I do hereby certify that I \_\_\_\_\_  
have examined Mr. / Ms. / Dr. \_\_\_\_\_  
of the division/section \_\_\_\_\_, whose signature is given below is  
found physically and mentally fit to undergo any professional job/education/training. He/she is  
free from any communicable diseases and found he/she is not suffering from any acute or  
chronic disease or physical disability and is free from any ailment.

Place:  
Date -:

**(Dr. Jogeswar Pani), MD,**  
(Regd. No - :12519/95)  
Medical Officer NRRI Dispensary

(Signature of the employee)