

MEDICAL FITNESS CERTIFICATE

(To be completed and signed by a registered MBBS Doctor and presented by the candidate at the time of Admission)

Name : _____ AGE : _____ SEX: _____

Personal History : Addiction to Tobacco / Cigarette/ Alcohol/ Other Allergy / To Drug /others

General Examinations: -

Weight : _____

Height : _____

Pulse Rate : _____

Blood Pressure : _____

EYE : ACUITY : GOOD / FAIR / POOR

COLOR : GOOD / FAIR / POOR

HEARING : RIGHT EAR : GOOD / FAIR / POOR

LEFT EAR : GOOD / FAIR / POOR

I also certify that after examination I find that Mr./ Miss. _____ have no any infectious skin disease and is fit to undergo course of study in Hospitality and Hotel Administration.

(Signature of Registered Medical Practitioner)

Seal _____

Registration No: _____