

Fitness Certificate

PHOTO

To Whom It May Concern,

This is to certify that Mr./Ms..... Date of birth/...../..... has undergone a medical examination and is found to be physically fit to participate in physical education and sports-related activities. The medical examination was conducted on/...../..... by a licensed medical practitioner.

Details of the Medical Examination:

General Health Assessment:

Blood Pressure: _____ / mmHg

Heart Rate: _____ beats per minute

Respiratory Rate: _____ breaths per minute

Body Mass Index (BMI): _____ kg/m²

Vision: [If applicable, include details of vision test]

Declaration by the Medical Officer

Based on the medical examination conducted, there are no medical conditions or physical limitations that would prevent Mr./Ms.from participating in physical education and sports science courses. He/She is physically fit to engage in all types of strenuous physical activities.

This certificate is valid for the academic year

Registered Medical Practitioner's Full Name & Signature with date :

Medical Practitioner's License Number :

(Official Seal)