MEDICAL FITNESS CERTIFICATE

Registration no		:-		Date :- 27/10/2020
Patient Name		:-		
Date of birth		:-		
Father's Name		:-		
Address		:-		
Passpor	t no	:-		
Identification Mark		:-		
1.	Eye		:	
	ECG		:	
	X Ray Chest (PA	(View)	:	
	HB.	,	:	
	BT.		:	
6.			:	
	TLC.		:	
	DLC.		:	
	RBS.		:	
10.	BILLIRUBIN.		:	
11.	S.G.OT		:	
12.	BLOOD UREA		:	
13.	HIV		:	
14.	HCV		:	
15.	HBV		:	
16.	VDRIL		:	
17.	URINE C/E		:	
After go	ing through the	followir	ng test I have found(Patient Name	e) S/o
	(Pati	ent Fath	er's Name) is medically fit.	

Signature

Medical Officer L.D. Govt. Hospital, Kashipur Ramnagar Road, Udham Singh Nagar