

# MEDICAL FITNESS CERTIFICATE

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

NAME of candidate: ..... Age: ..... Sex: .....

**General Examination: -**

Weight : .....  
Height : .....  
Pulse rate : .....  
Blood Pressure : .....  
EYE SIGHT : Acuity ..... Good/ Fair / Poor  
Color vision..... 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 perform all practical classes as mentioned below and to  
undergo course of study in Hospitality and Hotel Administration.

- Cutting/ Chopping of all vegetables ;
- Cooking in kitchen;
- All work in bakery and Confectionary;
- Service of Food and Beverages;
- Floor moping, handling of vacuum cleaner;
- Computer operation;

(Signature of Registered Medical Practitioner)

Seal \_\_\_\_\_

Registration No:

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