

CERTIFICATE OF PHYSICAL FITNESS
(TO BE CERTIFIED BY A REGISTERED MEDICAL PRACTITIONER)

I, Dr. _____ certify that the above mentioned is not suffering from any of the following diseases or has suffered from the same,

> Psoriasis Follicle		> Convulsions due to any cause	
> Tuberculosis		> Hepatitis-B/A	
> Trachoma		> Any Allergies	
> STD		> Any other communicable disease	
> Epilepsy		> Infectious skin diseases - (If yes give details)*	

I have medically examined Mr./Ms. _____

On _____ and I certify that he/ she is fit for doing manual work in any departments of Hotel and Catering Establishment. He/ She has a sound constitution and does not suffer from any skin ailments/ infectious diseases or any physical or psychological disabilities.

I further certify that he/ she is fit to take instructions from colleagues and seniors and can cope with stress.

Signature : _____

Name of the Doctor : _____

Qualification : _____

Registration No. : _____