

# MEDICAL FITNESS CERTIFICATE

This is to certify that, I have examined

Name of the athlete:.....

Age:.....Male/Female Resident of .....

District.....State/UT.....And I am  
satisfied beyond doubt that he/she is fully fit/not fit for participating in  
..... competition.

Signature and seal of registered Medical Practitioner

Regd. No. ....

Name.....

Date.....