

**MEDICAL CERTIFICATE**  
**Bharat Academy & Sciences**  
**Howrah, Uluberia**

**Date:** \_\_\_\_\_

**To,**  
**The Principal**  
**Bharat Academy & Sciences**  
**Add- Off – NH 16, Banitabla,**  
**Uluberia - 711316**

**Subject:** Medical Fitness Certificate for  
[Student's Name]

This is to certify that I, Dr. \_\_\_\_\_, a registered medical practitioner  
Registration No. \_\_\_\_\_, have examined  
\_\_\_\_\_, aged \_\_\_\_\_, son/daughter of \_\_\_\_\_  
\_\_\_\_\_, resident of \_\_\_\_\_,  
who is seeking admission to your esteemed institution. Based on my examination, I confirm that the  
student is medically fit to join the school and participate in regular school activities.

**Details of Examination:**

1. **Height:** \_\_\_\_\_
2. **Weight:** \_\_\_\_\_
3. **Blood Pressure:** \_\_\_\_\_
4. **Past Medical History:** \_\_\_\_\_
5. **Any Chronic Illness or Allergies (if any):** \_\_\_\_\_
6. **Vaccination Status:** \_\_\_\_\_

I further confirm that the student has no visible health issues that would prevent participation in  
physical activities or general school functions.

**Doctor's Name:** \_\_\_\_\_  
**Qualification:** \_\_\_\_\_  
**Clinic Name/Address:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**Signature of Doctor:** \_\_\_\_\_



**Stamp of Clinic/Doctor:**

