

## Certificate of health – Part II

Name of Applicant: \_\_\_\_\_

***The following questions are to be answered by a medical doctor or a duly authorized clinical officer.***

Does the above-named Applicant report or show any symptoms of the following? If so, give details:

1. Any infectious or contagious disease? \_\_\_\_\_
2. Any chronic disorders or asthma, hay fever, diabetes, etc? \_\_\_\_\_
3. Any ailment (stomach ulcers or allergies) that might prevent him/her from eating a normal diet? \_\_\_\_\_
4. Any ailment or disability that would make him/her unable to take part in sports or normal physical activities? \_\_\_\_\_
5. Any evidence of impaired vision? Hearing? \_\_\_\_\_

I hereby certify that I have examined the above-named person and that in my professional opinion he/she is fit/unfit for the activities in the above school:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Postal Address

\_\_\_\_\_  
Phone number

