

## 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: \_\_\_\_\_