

MEDICAL FITNESS CERTIFICATE

For Guest only

This is to certify that I have carefully examined Mr./Ms. _____

Based on the examination, I certify that he / she is in a good mental and physical health /

suffering from the following diseases marked :

- | | |
|-------------------------------------------------|--------------------------|
| 1. Cold & Flue | <input type="checkbox"/> |
| 2. Jaundice | <input type="checkbox"/> |
| 3. Venereal Disease or Skin Disease | <input type="checkbox"/> |
| 4. Pulmonary T.B. | <input type="checkbox"/> |
| 5. Urinary Disease | <input type="checkbox"/> |
| 6. Worm Infection | <input type="checkbox"/> |
| 7. Dysentery | <input type="checkbox"/> |
| 8. Vertigo / Hysteria | <input type="checkbox"/> |
| 9. Heart Problem / Breathlessness / Asthma | <input type="checkbox"/> |
| 10. Any other physical defects (Please specify) | <input type="checkbox"/> |

In view of the above, in my opinion, he / she may be permitted / not permitted to enter the Swimming Pool.



Signature of Medical Officer

Full Name :

Address :

Regn. No. :

Seal

Date: