

MEDICAL FITNESS CERTIFICATE

I, Dr. \_\_\_\_\_ would hereby certify that Master/Miss \_\_\_\_\_

child of Mr./Mrs. \_\_\_\_\_ is found physically and mentally fit for

school admission.

Parent's Sign: \_\_\_\_\_

Dr. Name & Sign: \_\_\_\_\_

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

Place: \_\_\_\_\_