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.

o Cutting/ Chopping of all vegetables ;
o Cooking in kitchen;
o All work in bakery and Confectionary;
o Service of Food and Beverages;
o Floor moping, handling of vacuum cleaner;
o Computer operation;

(Signature of Registered Medical Practitioner)

Seal _____

Registration No:_____