

**Medical leave certificate for students in college pdf free printable form**

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**MEDICAL CERTIFICATE**

Signature of the Applicant .....

I, Dr. .... after careful personal examination of the case hereby certify that ..... whose signature is given above, is suffering from ..... that I consider that a period of absence from duty for ..... with effect from ..... to ..... is absolutely necessary for the restoration of his/her health.

**MEDICAL OFFICER**

Station:  
Date :

**CERTIFICATE OF MEDICAL FITNESS**

Signature of Applicant : .....

I, Dr. .... do hereby certify that I have carefully examined Sri./Smt. .... of the ..... who was suffering from ..... and whose signature is given above, and find that he/she has recovered from his/her illness and is now fit to resume duties in Government service. I also certify that before arriving at this decision I have examined the original medical certificate(s) and statement(s) of the case (or certified copies thereof) on which leave was granted or extending, and have taken these in consideration in arriving at my decision.

**MEDICAL OFFICER**

Station:  
Date :

**MEDICAL FITNESS CERTIFICATE**

**To whom so ever it may concern**

This is to certify that I have examined Mr/ Miss. \_\_\_\_\_

He/ she is suffering / not suffering from following diseases

- Asthma                      Fits / Convulsions
- Diabetes                    Physical Disability
- Hypertension              Mental Disability

Allergy

& have undertaken all vaccination.

Any other major disease (Please specify) -

I certify that Mr. / Miss \_\_\_\_\_ is physically, mentally & Psychologically fit / unfit for \_\_\_\_\_ Programme.

**Medical Certificate**

Of suitability and fitness for the purposes of practicing competitive cycling abroad.

**To be filled by you, the participant:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: + (0) \_\_\_\_\_ Mobile: + (0) \_\_\_\_\_ +44 for UK

Emergency Contact Name: \_\_\_\_\_

Emergency Contact No: + (0) \_\_\_\_\_

**To be filled by your GP/Doctor/Medical Practitioner:**

I the undersigned, \_\_\_\_\_ Doctor of Medicine, see no reason that the above participant, on examination, cannot take part in competitive or non-competitive cycling.





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