

MEDICAL FITNESS CERTIFICATE

Name of the Child GARV CHAUHAN
Date of Birth 29/11/2022 Gender MALE
Session 2026-27
Father's Name PUNEET CHAUHAN
Telephone No (Residence) 7503050141 (Office) _____
Residential Address _____
_____ Delhi _____
Office Address _____

GENERAL EXAMINATION-

1. Blood Group A POSITIVE 2. Hb gm % 10.5
3. Height in cms 98 cm 4. Weight in kg 16 kg
5. Pulse rate 102/m 6. Respiratory rate 28/m
7. Is the child allergic to any medicine - No Significant history
8. Has the child been hospitalized ever, if so specify the ailment & period of hospitalization-
NO
9. Please submit history of any previous disease, If yes, is the child on regular medication?
NO chronic illness or NO regular medication
10. Any other abnormality/ Learning disability observed-
NO
11. Is the child vaccinated as medically required? Yes / No

Doctor's note and fitness verification-

Physically and mentally fit to join school

Doctor's Name - Dr RAJAT GOSWAMI Regn No. DMC 27741
Signature- [Signature] Date- 8/12/2025
Stamp- Dr. RAJAT GOSWAMI
M.D. Pediatrics
Consultant Pediatrician
DMC No. 7741

