



**GOVERNMENT OF ASSAM**  
**OFFICE OF THE SUPERINTENDENT**  
**LAKHIMPUR MEDICAL COLLEGE AND HOSPITAL, NORTH LAKHIMPUR**  
**Pin - 787051 :: Phone: 03752-299956**  
**Email - principal-lmch@assam.gov.in/lmchnorthlakhimpur@gmail.com**

**PHYSICAL FITNESS CERTIFICATE**

Mr./Mrs/Miss. \_\_\_\_\_, Age \_\_\_\_\_, Sex \_\_\_\_\_, D/o,  
W/o, C/o- \_\_\_\_\_, Address \_\_\_\_\_,  
P.O. \_\_\_\_\_, P.S. \_\_\_\_\_, Dist- \_\_\_\_\_, Assam.

**EYE**

Near Vision : \_\_\_\_\_ Distant Vision : \_\_\_\_\_

Colour vision : \_\_\_\_\_ Others : \_\_\_\_\_

Signature of the Doctor

**ENT**

Hearing Left ear : \_\_\_\_\_ Right ear : \_\_\_\_\_

Others : \_\_\_\_\_

Signature of the Doctor

**GENERAL MEDICINE:**

Pulse :	Respiratory System :
BP :	Cardiovascular System :
Temp :	Genitourinary System :
Abdomen :	CNS :

Signature of the Doctor

**INVESTIGATION:**

ECG :  
Chest X-Ray :  
Blood RE :  
RBS :  
LFT :  
KFT :  
Thyroid function test:

Signature of the Doctor

Certified that \_\_\_\_\_ is physically fit/unfit to perform his normal duties.

Superintendent  
Lakhimpur Medical College & hospital  
North Lakhimpur