

MEDICAL FITNESS CERTIFICATE FOR SWIMMING

To whom so ever it may concern

Membership Number:-.....

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

He/She is suffering / not suffering from following diseases...

1. Any Allergy : Yes / No
2. Asthma or other chest problem : Yes / No
3. Heart Attack : Yes / No
4. Heart Failure : Yes / No
5. Diabetes : Yes / No
6. Hypertension : Yes / No
7. Seizures (Fits) : Yes / No
8. Prone to muscular cramps : Yes / No
9. Physically Disabled : Yes / No
10. Mental Disability : Yes / No
11. Any other major disease? :
(Please specify)

Summarizing,

Is he/she medically fit to swim? : Yes / No

I, Dr., hereby declare Mr./Mrs./Ms.
to be medically fit to swim, and that he/she does not possess a history of any serious medical disorders.

Date:-



Signature of Medical Officer :

Registration No. :

Note:- For Under 50 years, Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree/ M.D. Degree OR For 50 years and above, Medical certificate granted by a qualified medical practitioner holding M.D. Degree and registered with Medical Council of India, shall only be valid.