



SALWAN PUBLIC SCHOOL
GURUGRAM

MEDICAL FITNESS CERTIFICATE FOR SWIMMING

(To be certified by authorised medical practitioner)

Dear Parent

Greetings!

I _____ have examined _____ (student name) of
Class & Section _____ and school name _____ on
(date)_____.

Upon medical examination, the child was found in good health and physically fit to take swimming activities.

He/she is not suffering from any respiratory or cardiovascular condition, skin infection or any other ailments.

I _____ (Doctor Name) certify _____ (students name)
him/her to be fit/unfit for the swimming activities.

(Parents need to intimate school authorities in case of any skin infection/allergy or any other medical condition,
if the child suffers after the issuance of medical fitness certificate.)

Doctor Name : _____

Registration No. : _____

Name of the Clinic/Hospital : _____

Signature/Stamp : _____