ANNEXURE XVII
MEDICAL FITNESS / VACCINATION CERTIFICATE

This is to certify that I have examined the candidate and found him/her medically fit for admission to professional courses.

Name of Candidate:	ABIYA. MARTIN.
Age / Sex:	19 / FEMALE.
Address:	KOKKAT (H), VADAPURAM.P.O, MAMPAD
Blood Group:	O +ve.

Vaccination History:

Vaccine	Date of Dose 1	Date of Dose 2	Remarks
Hepatitis B	1/03/2006.	5/04/2006	
MMR	11/10/2006	5/04/2010	
Varicella	Already immune.		
COVID-19	5/8/2021	16/9/21.	
Others	Vaccinated upto Age.		

I hereby certify that the candidate is in good health and free from any communicable diseases.

Place: VAZHIKKADAVU (19/8/25) Date:

Signature of Candidate

Signature of Medical Officer with Seal

Name & Designation of Doctor: DR CHACHY. P.A

Registration Number: TCMC NO: 45033.

MEDICAL OFFICER
Family Health Centre
Munda P.O, Vazhikkadavu
Malappuram Dist.- 679331

FAMILY HEALTH CENTRE * MUNDA P.O., VAZHIKKADAVU-679 331 *
Date: