

Shrirang Sabade Marg, Siddharth Nagar, Goregaon (W), Mumbai 400 104 • Tel.: 28797582.

MEDICAL CERTIFICATE

(To Be Obtained From MBBS Family Doctor)

Stamp Size TWO Photographs

This is to certify I have ex	kamined		
Mr. /Mrs. /Ms			
Skin Disease	Yes / No	Heart Disease	Yes / No
Accident in past if any	Yes / No	Convulsion & Unconsciousness in past	Yes / No
Allergy if any (if Yes, To w	hat?) Yes / No		
History of Major illnesses	/ surgeries _		
Blood Pressure			1 7/2
Pregnancy			
General Examination			
Other Remarks			
	1	year only. (2nd Dose Vaccination Certific	tamp & Reg.No. MD Doctor ate Compulsor
(For	the purpose o	f admission to ozone swimming Pool)	
This is to certify that I have	ve conducted s	swimming Test of	
Shri / Smt.			
He/She need to Swim 25 compulsory with head up.	meter 2 laps ar	th Feet deep in Free Style only. Id in center of deep pool and 30 sec. Cycling ship Beginner membership needs coaching.	
Date :			
		Swimming	Instructor

Swimming Instructor
OZONE SWIMMING POOL

