TO WHOMSOEVER IT MAY CONCERN

	Date:			
I, Dr		<u>,</u> have	clinically	examined
Mr. /Ms	Age (year)	Date of Birth		and certify
that his/her height ar	nd weight as follows:			
Heights:	cms Weight:	kgs		
Signature of the Doct	or			
Name of the Doctor				
Registration No.:				
Stamp				