

MEDICAL CERTIFICATE

COVID-19 FREE / ASYMPTOMATIC CERTIFICATE

I, Dr _____, is a registered medical practitioner and holding Medical license registration number 1234 have examined Mr/Miss _____ S/o Shri _____ on Date _____ 2020 and have found Mr/Miss _____ free from the following disease : CORONA VIRUS Disease – COVID-19 currently asymptomatic.

DATED : Jul 2020

Signature

Dr _____
Registered Medical Practitioner
Dr _____ Clinic
Sector _____
Teh _____ Distt _____
State _____ PIN _____