

MEDICAL CERTIFICATE

Date -----

Name ----- Age ----- Sex -----Passport No.

----- his / her father name -----

Nationality ----- Residing at ----- has

been examined on (date) -----and has been found as follows.

1. General Condition -----

2. History of

- a. Travelling to Hubei Province, China within 14 days Yes No
- b. Fever Yes No
- c. Cough Yes No
- d. Shortness of breath Yes No
- e. Contact with confirmed case of 2019-nCov Yes No

3. Blood pressure ----- mmHg

- 4. Respiratory system Normal Abnormal
- 5. Cardiovascular system Normal Abnormal
- 6. Gastrointestinal system Normal Abnormal
- 7. Nervous system Normal Abnormal
- 8. Mental and Cognitive status Normal Abnormal

----- is in good physical and mental health and free from any defect.

I certify that the above statements are correct and complete to the best of my knowledge.



Signature -----

Name -----

Designation -----

Department -----