Medical Certificate

Date ----------

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

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

have examined on (date)----------and have found the followings.

1. General Condition----------
2. Histroy of
   a. Travelling to China within 14 days — Yes ☐ No ☐
   b. Fever — Yes ☐ No ☐
   c. Cough — Yes ☐ No ☐
   d. Shortness of breath — Yes ☐ No ☐
   e. Contact with comfirmed 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 ----------