

CERTIFICATE OF MEDICAL FITNESS

The certificate must be from the Medical Officer or any rank above it from any Central/State Government Hospital/Dispensary/Medical College.

Date -----

Name ----- Age ----- Sex ----- Passport No.
----- ID No. ----- his/her father name -----
----- Address -----

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

1. General Condition -----

2. History of

- | | | |
|---|------------------------------|-----------------------------|
| a. Travelling to China within 14 days | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Fever | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Shortness of breath | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Contact with confirmed case of 2019-nCov | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. Blood pressure ----- mmHg

4. Respiratory system

5. Cardiovascular system

6. Gastrointestinal system

7. Nervous system

8. Mental and Cognitive status

----- 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 -----