

Dated On:

**THIS IS A FORMAT COPY, YOU HAVE TO ISSUE CERTIFICATE ON THIS  
FORMAT**

## **MEDICAL FITNESS CERTIFICATE**

I Dr..... certify that I have carefully  
examined Mr./ Mrs ..... , Son/Daughter of  
..... , address: .....  
whose Aadhar number is ..... and mobile number  
.....signature is given below.

At the time of examination / screening his / her temperature was ..... F, and also  
presented with no history of Cough & Cold.

Patient also confirmed NO travel history for the past two months.

Based on the examination / screening, I certify that he is clinically & physically  
fit.

Mark of Identification:  
Signature:

Sincerely

Dr  
Degree:  
Registration:  
mobile:

This certificate is issued by an I.M.P.A. integrated medicine practitioner at the request of the  
patient. I.M.P.A and the practitioner are free from any encumbrances arising from the misuse of  
this certificate.