

MEDICAL CERTIFICATE

Date.....

I am a medical doctor, holding
medical license number.....issued on (Date).....,
have examined (Name).....
on (Date)..... and have found him/her to be in good physical
and mental and free from the following diseases;

1. LEPROSY
2. TUBERCULOSIS (T.B.)
3. ELEPHANTIASIS
4. DRUG ADDICTION
5. THIRD STAGE SYPHILIS

Signature.....

Name (in print).....

Date.....