Medical Certificate for General Passenger

		Date	
I ,		is a certified medical	
	(name of MD.)		
and is holding medical lic	ense number		
have examined		on date	
(i	name of client)		
and have found	***************************************	free from the follo	wing disease
(1	name of client)		
1. C	coronavirus Disease	– 2019 (COVID-19)	
		ting for COVID-19 not mor	
		Signature	MD.
		(
	Clinic/hos	pital name	
	Address	•••••••••••••••••••••••••••••••••••••••	