**JIET’X ONE CLINIC**

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**Address**  
**9257159360 | JIET24@gmail.com | www.jiet.com**

HEALTH CERTIFICATE

Date:

This is to certify that Mr./Ms. ……………………..., aged ……. years, has been assessed at [Hospital/Clinic Name] on Date: ………….

Based on medical evaluation and current health condition, we have no objection to the individual receiving the ………………………………………………..vaccine.

Upon clinical examination and evaluation, the individual is found to be in **good physical and mental health**. He/she is **free from any contagious or infectious diseases** and is **medically fit** for **………………………………………………………**.

This certificate is issued upon request for official use.

Doctor’s Name

Qualification

Designation

Medical Registration Number

Signature and Stamp