**JIET’X ONE CLINIC**

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

NO OBJECTION CERTIFICATE FOR VACCINATION

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.

There are no known medical contraindications at present that would prevent the administration of the said vaccine. The patient has been advised of possible side effects and post-vaccination care.

This certificate is issued on request for official and personal record purposes.

Doctor’s Name

Qualification

Designation

Medical Registration Number

Signature and Stamp