

## **Medical Certificate**

This is to certify that Mr/Mrs/Ms . . . . . is the traveller /driver and has been thoroughly screened for COVID-19 by me on date . . . . . He / she is not showing any Influenza/ILI/SARI like symptoms or any symptom of COVID-19 and found asymptomatic. So herewith mentioned person is allowed to travel from . . . . . to . . . . . Above person would abide by the standard health protocol decided by the receiving State/District.

Date :

Place : -

(Seal with Signature)

(Registered Medical practitioner)

(Registration Number:- )

## **Self -declaration by the applicant**

I, Mr./Mrs/Ms- - - - - will abide by the standard health protocol decided by the - - - - - state & - - - - - district, else I am aware that I may be penalized as per provision of the law , including sec 188, IPC & all other provisions.

Date :

Place : -

(Signature of the applicant)

Name -