

# Medical Certificate for General Passenger

Date 20/02/2021

I, Western Clinic is a certified medical doctor

(Western Clinic)

and is holding medical license number .....{licenseno}.....

have examined .....Dr. DoTest.....on date.....02/03/2021.....

(Dr. DoTest)

and have found .....Mr. DoTest.....free from the following disease (Mr. DoTest)

## 1. Coronavirus Disease- 2019 (COVID-19)

In the past 14 days with evidence of negative testing for COVID-19 not more than 48 hours before departure (specify test and date .....02/03/2021.....)

Signature Western Clinic MD.

(.....Western Clinic.....).

Clinic/hospital name.....Mr. DoTest.....

Address.....{adress1}.....