**Medical Certificate for General Passenger**

Date date1

I, name1 is a certified medical doctor

(name of MD.)

and is holding medical license number ......license\_no...............................................................

have examined ..........name2.....................................o..n...d..a..t.e.............date2..............

(name of client)

and have found ··············name3············.·f·r·e·e···f·r-o·m····th··e···fo··l·lo-·w··i·n··g··d··is··e·a··s-e·· (name of client)

**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 ···········-date3········-·······)

Signature name4 M··D.

(........name4..............).

Clinic/hospital name............name5......................

Address.....·.-···address1···········