**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 ......{license\_no}............................................................

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.....{address1}........