Date:

**SHRADDHA HOSPITAL**

(Reg. No. 550/2012)

*Sr. No. 43, Parashar Society, Pune Nagar Road, Chandannagar, Kharadi, Pune – 411014*

**Medical Certificate**

To whom so ever it may concern certificate

This is to certify that Mr./Mrs… ……………………………………………………………. Age………Sex………….

He/She has been examined and found to be free from influenza like symotoms (ILI),severeacute

respiratory symptoms (SARI) at the time of examination.

Time -------------- AM/PM Date------/--------/---------.

This screening doesn't not rule out the possibility of patient being in incubation period and should

be monitored for symptoms for the next 14 days.

He/She should wear mask and follow distancing as a precautionary measure.

The Person should report the local health facility and get registered as a suspect till proven

free (14 days) of diseases.

Temp:-----------F\* Pluse: -----------/min BP:-------/-----------mm/Hg SpO2:--------------

Authorised sign and Stamp

Place:

Date: