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 for influenza like symotoms (ILI),severeacute respiratory

symptoms (SARI).

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

for symptoms for the next 14 days.

He/She ia allowed to travel From…………………………To ……………………………………. He/She should wear

mask and follow distancing as a precautiomary measure.

The Person should report the local health facility and get registered as a suspect till proven free (14 days) of

diseases.

Authorised sign and Stamp

Place:

Date:

Addhr No.

………………………………………………………………………………………………………………………………………………………………………………………………………

**Self Declaration by the applicant**

I,Mr /Mrs/Ms…………………………………………………………………….will abide by the standrd health protocol decide by the…………………

State & ……………………………………………………………………….district, else I am aware that I may be penalized as per provision of the

low,induding sec 188,IPC & all other privisions.

Date: (Signature of the applicant)

Place: Name: