**DATE:**

**SHRADDHA HOSPITAL**

(Reg. No. 550/2012)

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

**MEDICAL FITNESS CERTIFICATE**

I certify that I have carefully examined

MR/MS/MRS:----------------------------------------------------------------------------Age:-----------------------------

Gender Male/ Female Job:--------------------------------------

Mobile Number: --------------------------------- Adhar Card Number:--------------------------------------------

Local Address:--------------------------------------------------------------------------------------------------------------

Permanent Address:----------------------------------------------------------------------------------------------------------------------------

Whose signature is given below.

Based on the general examination,I certify that he/she does not have any symptoms of COVID 19

(COUGH, FEVER, DIFFICULTY IN BREATHING)

(VITALS: BP:-------------mm/Hg HR:-------Min/R TEMP:------- SPO2---------)

S/E - GC:------------ CVS:------------ RS:--------- PA:-----------------------------------------------------------------------------

AND IS FIT AND SAFE TO TRAVEL.

KINDLY ALLOW HIM/ HER TO TRAVEL.

SIGNATURE OF CANDIDATE :

PLACE :

TIME AND DATE :

**Yours faithfully,**

**Dr. Sanjiv Shivram Jadhav**

**MBBS. D.G.O. Reg. No:60876**

**Medical Director**

**Shraddha Hospital Pune.**