Date:

**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:

Adhar No.