



# Dr. Dhananjay J. Singh

MD (MEDICINE AY.) MUMBAI, PGEMS  
CONSULTING PHYSICIAN

## Medical Certificate

Date:        /        /2020

This is to certify that

Mr./Mrs./Mast. /Miss..... Age: .....Years

Gender: Male / Female, ADHAAR No: .....

was examined by me at **Arogya Healthcare Center, Bhiwandi** and he/she is not showing any symptoms of influenza like illness or that of COVID-19 like cough, fever or breathlessness presently.

This screening is based on symptoms of patient and the routine physical examinations (COVID-19 test has not been done). He / She seems to be hemodynamically stable. This certificate is issued on the patient's request to help him/her .....

The incubation period of the communicable illness needs to be kept in mind in the view of COVID -19 situation and appropriate steps needs to be followed during and after transfer.

**O/E**

SPO2 : .....%

T : .....F

P : ...../min

**Dr. Dhananjay J. Singh**

(Signature with Stamp & Date)