**Medical Certificate For Migration**

Date:

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 certificate is issued to help him/her towards his/her migration on his/her/parent’s request. (COVID-19 test has not been done) With their present medical condition he/she can be considered fit to travel.

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.

Dr. Dhananjay J. Singh

(Signature with Stamp & Date)