**Medical Certificate**

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 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 towards his/her shifting to nearby society.

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 Dr. Dhananjay J. Singh

P : ….…/min (Signature with Stamp & Date)