**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 certificate is issued on his/her/parent’s request. With their present medical condition (COVID-19 test has not been done), he/she is advised for home quarantine. He/She/His/Her/Parent is advised to inform local authority about his/her migration to Bhiwandi from outside.

The incubation period of the communicable illness needs to be kept in mind in the view of COVID -19 situation and he/she must strictly follow home quarantine guidelines issued by Govt. Of India & Govt. Of Maharashtra.

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Dr. Dhananjay J. Singh

(Signature with Stamp & Date)