

**Reg No: I-66898-A**

**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)

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**Address :** Shop No:3, Redwood Building, Orchid Residency, Charnipada, Bhiwandi ,Dist : Thane.