

## **FORM OF MEDICAL CERTIFICATE**

46.(a) The form of the certificate to be given in respect of an employee applying for pension is as follows:-

“Certified that I / we have carefully examined AB son of CD a .....in the .....department. His age is by his own statement .....Years and by appearance about .....years. I / we consider AB, to be completely and permanently incapacitated for further service of any kind in the Department to which he belongs in consequence of .....(here state disease or cause). His incapacity does not appear to me / us to have been caused by irregular or intemperate habits”.