



MY CLEANERS

Medical Certificate

I am the family doctor of Mr/Mrs _____, who is aged about _____ years and is residing at _____. I know him/her for _____ years and I am aware of her medical history.

I have physically examined today Mr/Mrs _____ at my clinic/residence of Mr/Mrs _____ and i hereby confirm and certify as under.

a. During my examination of Mr/Mrs. _____ I have witnessed clarity of thoughts and clear communication .verbal ,as well as emotional.

b. Mr/Mrs. _____ is fit to read, write, understand and sign his/her will.

c. Mr/Mrs _____ does not require any medical treatment or medication presently and to my knowledge he/she is not undergoing any medical treatment which could adversely affect his/her mental fitness.

d. Mr/Mrs. _____ is mentally and emotionally fit to execute his/her will.

Signature of Doctor :

Doctor Name :

Registration No :

Stamp :

Date :

Place :

Please upload your medical form name with your user name
example - medicalformemployee1.pdf(username = employee1)
- medicalformemployee2.pdf(username = employee1)
- medicalformnimal.pdf(username = nimal)