

# Medical Certificate

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Passport No. \_\_\_\_\_ NRC No. \_\_\_\_\_

his/her father name \_\_\_\_\_ Address \_\_\_\_\_

have examined on (date) \_\_\_\_\_ and have found the followings.

1. General Condition \_\_\_\_\_

2. History of

a. Travelling to China within 14 days Yes  No

b. Fever Yes  No

c. Cough Yes  No

d. Shortness of breath Yes  No

e. Contact with confirmed case of 2019-nCoV Yes  No

3. Blood pressure \_\_\_\_\_ mmHg

4. Respiratory system Normal  Abnormal

5. Cardiovascular system Normal  Abnormal

6. Gastrointestinal system Normal  Abnormal

7. Nervous system Normal  Abnormal

8. Mental and Cognitive status Normal  Abnormal

\_\_\_\_\_ is in good physical and mental health and free from any defect.

I certify that the above statements are correct and complete to the best of my knowledge.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_