

**MEDICAL CERTIFICATE**

Date.....

I, Name ..... a medical doctor holding medical

license No. .... issued on day.....month..... A.D.....

have examined..... on date .....

(name)

and have found ..... free from the following diseases:

(name)

- 1. LEPROSY
- 2. TUBERCULOSIS (T.B)
- 3. ELEPHANTIASIS
- 4. DRUG ADDICTION
- 5. THIRD STEP OF SYPHILIS

..... is in good physical and mental health free from any

(name)

defect.

(Signature)..... M.D.

(.....)

Name (in print)