

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 _____