

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 _____