

MEDICAL CERTIFICATE

Date.....

Name.....a medical doctor.

Holding medical license No..... issued on date.....month.....A.D.....

Have examined..... on date
(name)

and have found..... free of 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
(name)

free from any defect.

Signature.....M.D.

(.....)
Name (in print)

Address.....

.....Tel ().....