

Signature of Applicant

MEDICAL CERTIFICATE

I (Name.....)after careful
Personal examination of the case hereby certify that.....
.....(Name and address) whose
Signature is given above is suffering from.....
and that I consider that period of absence from duty of.....
With effect from.....is absolutely necessary for the restoration of
his/her health.

Place:
Date:

(Seal)

Signature of Medical Officer
Registration No.
Part of Registration
System of Medicine

FITNESS CERTIFICATE

Signature of Applicant

I,
Certify that I have carefully examined.....
.....
departments whose signature is given above and found that he/she has recovered from his /her
illness and is now fit to resume duties. I also certify that before arriving at this decision I have
examined the original Medical Certificates and Statements of the case of which leave was granted
or extended and have taken into consideration is arriving at my decision.

Place:
Date:

(Seal)

Signature of Medical Officer
Registration No.
Part of Registration
System of Medicine

