Medical Certificate

	Date		
	(name of MD.)		
and is notating medical			
have examined		on date	
	(name of client)		
and have found		free from the	following disease
	(name of client)		
1.	Coronavirus Disease -	- 2019 (COVID-1	9)
		Signature	MD.
		()
	Clinic/hospit	al name	
	Address		