

### 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 \_\_\_\_\_