

(Specimen – Medical Fitness Certificate)

TO WHOM IT MAY CONCERN

It is certified that Mr. / Miss. _____

S/D/O _____, CNIC No. _____,

Resident of _____

is Physically, Mentally Fit / Un-Fit & maintaining good health. He / She is free from any symptoms of diseases like COVID 19, Hepatitis or any other Communicable / Infectious disease.

Signature of Individual

Dated: _____

Medical Officer

Signature _____

PMC No. _____

CNIC No. _____

Date: _____

*To be signed & stamped by a Registered Medical Practitioner.

** Strikeout which is not applicable