

(Specimen – Medical Fitness Certificate)

TO WHOM IT MAY CONCERN

It is certified that Mr. / Miss. : _____

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

Tracking ID. : _____ Gender. : _____

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 _____

PM&DC No. _____

CNIC No. _____

Date: _____

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

**Strikeout which is not applicable.