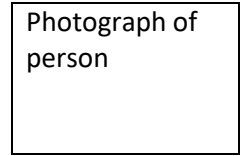


Medical certificate

It is certified that following person have been examine by me and found healthy/ fit and not suffering from any communicable/contagious disease. Further he/she has been vaccinated against typhoid vide batch no as mentioned under-

Name of person Age Gender typhoid vaccine batch detail



Date

Doctor's signature

Doctor's Name

Doctor' Registration number

Address of establishment/clinic