

Medical Certificate

I hereby certify that I have examined _____ and cannot discover that he/she has any disease, constitutional weakness or bodily infirmity. I do not consider this to be a reason for disqualification of the candidate for employment under the office of _____

Signature of the candidates attested _____

Left thumb and finger impression of the candidate

Signature of the examining physician _____

Registration Number _____

Place _____

Date _____