

Medical Certificate

*I hereby certify that I have examined \_\_\_\_\_ and cannot discover that 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** \_\_\_\_\_