

# Medical Certificate for General Passenger

Date .....

I, ..... is a certified medical doctor

(name of MD.)

and is holding medical license number .....

have examined ..... on date .....

(name of client)

and have found ..... free from the following disease

(name of client)

## 1. Coronavirus Disease – 2019 (COVID-19)

In the past 14 days with evidence of negative testing for COVID-19 not more than 48 hours before departure (specify test and date .....) )

Signature ..... MD.

(.....)

Clinic/hospital name.....

Address.....

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