Temperature	
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Name of the Person	S/o,D/o
	5, 6,2,7 0
Screened on date	
ENT Examination	Name/Signature of Doctor with stamp
Chest & TB Examination	Name/Signature of Doctor with stamp
X-Ray Chest – Film+ Report_ (PA view)	Name/Signature of Doctor with stamp
CBC Result ( Attach)	
Person has been screened and f	found asymptomatic and is allowed to travel.
	Signature of Doctor
	Name of Doctor
	Medical Council Registration No Date
	F at(Time) on(Date)
Temperature °H <u>Certificate of</u> Name of the Person	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o
Temperature °H <u>Certificate of</u> Name of the Person Mobile Number Screened on date	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o
Temperature °H <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination Chest & TB Examination X-Ray Chest – Film+ Report	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o Name/Signature of Doctor with stamp
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination Chest & TB Examination X-Ray Chest – Film+ Report	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination Chest & TB Examination X-Ray Chest – Film+ Report (PA view) CBC Result ( Attach)	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination Chest & TB Examination X-Ray Chest – Film+ Report (PA view) CBC Result ( Attach)	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp
Temperature °F <u>Certificate of</u> Name of the Person Mobile Number Screened on date ENT Examination Chest & TB Examination X-Ray Chest – Film+ Report (PA view) CBC Result ( Attach)	F at(Time) on(Date) Fitness by Health Team ( Form 'F') S/o,D/o Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp Name/Signature of Doctor with stamp