



# THE BHAWANIPUR GUJARATI EDUCATION SOCIETY SCHOOL (ISC)

## MEDICAL CERTIFICATE

(To be filled in by a qualified medical practitioner)

1. Name: \_\_\_\_\_

2. Class: \_\_\_\_\_

3. When was last vaccinated for covid-19?

\_\_\_\_\_

4. Is free from infectious diseases?

\_\_\_\_\_

5. What illness did the student have?

\_\_\_\_\_

6. Any other remarks from the doctor?

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Medical Practitioner

Name in full: \_\_\_\_\_

Registration number: \_\_\_\_\_

Address: \_\_\_\_\_

Name in full: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_