

Sample

Format for Medical Certificate for members joining FBS AIOS

(for ages 40 years & above)

Instructions for Medical Certificate –

1. To be issued on the official letterhead of the Physician
2. Physician Qualification (minimum) – MD or DNB

Date: _____

(dd-mm-yyyy)

TO WHOM SO EVER IT MAY CONCERN

This is to certify that today I have examined Dr _____ in detail, who is son / daughter of _____. To the best of my knowledge and review of the relevant investigation reports, I can certify that, there is no evidence of any acute, chronic or terminal ailment of lungs, heart, kidneys, liver or brain. There is no evidence of cancer or metastasis of cancer or any other critical or major terminal illness, and has not ever undergone any medical or surgical procedure for the same.

Signature: _____

Name of Doctor: _____

Reg. No.: _____

Mobile No.: _____

Seal / Stamp of Physician: _____