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

**TO WHOM SO EVER IT MAY CONCERN**

Date:

(dd-mm-yyyy)

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 aliment 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: