

# Medical Certificate

(With the subject to admission in medical institute)

(To whom it may concerned)

It is certified that Mr./Miss. \_\_\_\_\_

S/O, D/O. \_\_\_\_\_ age. \_\_\_\_\_

CNIC# \_\_\_\_\_ has been fully vaccinated against:

- Hepatitis B
- Typhoid
- Tetanus
- Mumps, Measles

And is medically fit for admission in medical institute.

Dr. \_\_\_\_\_

PMDC # \_\_\_\_\_

Sign and Stamp: \_\_\_\_\_

Date: \_\_\_\_\_