

Medical Certificate

I am..... Doctor in Department of.....Hospital/Health
Centre.....Address No.....St.....Commune.....
District.....City/Province.....

Would like to certify that I actually conducted the physical examination and treatment to:

Patient's name: Sex.....Age.....Nationality.....
DOB.....Address No.....St.....Commune.....
District.....City/Province.....

I. Medical history of the patient before the admission:

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Past medical history:

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II. Patient conditions during hospital or health centre admitted:

1. First hospitalisation or consultation: Date.....Month.....Year.....

- The reason for the first hospitalisation or consultation:
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- Physical Examination / Paraclinical Summary.
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- The diagnosis during the first hospitalisation or consultation:
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2. Last hospitalisation or consultation: Date..... Month.....Year.....

- The reason for the last hospitalisation or consultation:

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- Physical Examination / Paraclinical Summary.

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- The diagnosis during the last hospitalisation or consultation:

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3. Conclusion:

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Date.....Month.....Year.....

Physician's Signature

Name:

Phone contact number.....

Date.....Month.....Year.....

Agreed by (Director of Hospital / Clinic)

Name: