

Medical Certificate

I am.....Doctor in Department ofHospital/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. Personal Medical History:

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Family 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:

- The diagnosis during the first hospitalisation or consultation:

2. Last hospitalisation or consultation: Date.....Month.....Year.....

- The reason for the last hospitalisation or consultation:

- The diagnosis during the last hospitalisation or consultation:

3. Conclusion:

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

Physician's Signature or Thumbprint

Name: