

## FORM OF MEDICAL CERTIFICATE

Certified that I/(We) have carefully examined son/daughter of a, ..... in the ..... His age by his own statement is ..... years, and by appearance about ..... years. I/(We) consider..... to be completely and permanently incapacitated for further service of any kind in the department to which he belongs in consequence of (here state disease or cause). His incapacity does not appear to me (us) to have been caused by irregular or intemperate habits.

If the incapacity is the result of irregular or intemperate habits, the following will be substituted for the last sentence.

Is directly due to In my (our) ..... opinion his incapacity \_\_\_\_\_ has been accelerated or aggravated by irregular or intemperate habits.

(If the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the following addition should be made.)

" I am/We are of opinion that ..... is fit further service of a less laborious character than that which he had been doing/may, after resting for ..... month, be fit for further service of less laborious character than that which he had been doing."

Medica Authority  
(CMHO/Medical Jurist)

Name :-

Name of Hospital :-

Address :-

Place :-

Date :-