

**MEDICAL CERTIFICATE FOR WORK**

VISIT DATE:-02-03-2023

To whome it may concern

This is Certify that **MR.SANTOSH KALE** (Patient)  
residing at Garkheda, Aurangabad (Place)

Was examind in my clinic on **02-03-2023 (Date)**, and dose not have any  
Symptoms of COVID-19, SARS, SARI such as fever, cough, Respiratory Distress  
and Hypertention.

Paitient is fit for general & height work

Signature and Stamp



**Dr. Surendra Baviskar,**  
**MBBS, General**  
**Practitioner**

Clinic Address

