

MEDICAL CERTIFICATE FOR LEAVE / EXTENSION / COMMUTATION OF LEAVE

Signature of the Applicant: _____

I, Dr..... Registration No. after careful personal Examination of Mr./Mrs./Miss..... working as , whose signature is given above is suffering from based on clinical condition and investigation done as is given below and I consider that a period of absence from duty for with effect from to is absolutely necessary for the restoration of his / her health.

His / Her Patient OP / IP Number is _____ dated _____ as per OP/IP Register maintained under Tamil Nadu Clinical Establishment Act, 2019.

Identification Marks:

- 1)
- 2)

Clinical Features : (with period of illness in history)

Investigation Report:

(If enclosed, please tick)

- 1) Blood
- 2) Urine
- 3) ECG
- 4) X-ray
- 5) USG
- 6) CT / MRI
- 7) Others

(Signature of the RMP)

Seal

(Name, Registration No. Designation and Address)

Station :

Date :

CERTIFICATE OF FITNESS TO RETURN TO DUTY

Signature of the Candidate _____

This is to certify that I, Dr.Registration No. the undersigned have examined Mr./Mrs./Miss. _____, whose signature is given above, working as _____ in the Institution _____ and have to come to the conclusion that he / she has recovered from his/her illness and is now physically fit to resume his / her duties / course with effect from _____

His / Her Patient OP / IP Number is _____ dated _____ as per OP/IP Register maintained under Tamil Nadu Clinical Establishment Act, 2019.

I also certify that before arriving at this decision, I have examined the original medical certificate and statements of the case (or certificate copies thereof) on which leave was granted or extended and have taken these into consideration in arriving of my decision.

Identification Marks:

- 1)
- 2)

(Signature of the RMP)

Seal

(Name, Registration No. Designation and Address)

Station :

Date :