Your Health, Our Promise

DR. [redacted]

GENERAL PHYSICIAN

Regd No. [redacted]

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RECOVERY CERTIFICATE

ISSUE DATE: 01-09-2024 **DOCUMENT NO:** [redacted]

TO,

.....[redacted].....

.....[redacted].....

This is certify that, Dr. [redacted], after examining .....[redacted]...Ms.[redacted] ..... aged About [redacted]..Years, gender-..[redacted]. Resident of..[redacted] .....(Whose signature is verified has) found that the patient has completely recovered from the illness of..... [redacted] and is now fit to resume activities of daily living with effect from.....

I also certify that I have examined the required medical history of the patient and have taken them into consideration in arriving at my decision.

Signature

Doctor Stamp with
Name, Qualification
Registration Number

Patient's Signature

[redacted]

Patient's Name