

Doctorâ€™s Certificate of Good Health

Patient Name:

Date of Birth:

Gender:

This is to certify that the above-named individual has been examined on and is found to be in good health and free from any infectious or contagious diseases.

Additional Comments:

Doctorâ€™s Name:

Doctorâ€™s License No.:

Date:

Doctorâ€™s Signature: