

## Doctorâ€™s Certificate of Good Health

Patient Name:

Date of Birth:

Gender:

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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: