

# All India Institute of Medical Sciences, Kalyani

## Medical certificate

S. No.	Item	Patient particular
1	Full name of the patient	
2	Aadhar number of patient	
3	Gender of the patient	
4	Age of the patient	
5	Purpose for which this medical certificate issued	
6	Date of application received	
7	Diagnosis	
8	Brief summary of clinical features of the patient	
9	Duration of observation / treatment recommended	
10	Treatment as outpatient / inpatient (if treated as an inpatient, specify date of admission and/or discharge)	
11	Recommendation by the treating doctor	
12	Frequency of review	
12.1	Restriction of activity (if any)	
12.2	Drugs prescribed	
12.3	Likely duration of disease / disability	
12.4	Outline plan of further medical management (if applicable)	
12.5	Specific recommendation (if any)	

Signature of the treating doctor

Signature of Medical Superintendent / Deputy Medical Superintendent