

## MEDICAL CERTIFICATE FOR LEAVE

I, Dr. .... after careful personal examination of the case, hereby certify that Sh. /Smt. /Km. .... whose signature is given above, is suffering from ..... and I consider that a period of absence from duty of ..... days with effect from ..... is absolutely necessary for the restoration of his/her health.

**Authorized Medical Attendant**  
.....**Hospital/Dispensary**  
**or other Registered Medical Practitioner**

**Dated.....**

## MEDICAL CERTIFICATE OF FITNESS TO RETURN TO DUTY

I, Dr. .... do hereby that I have carefully examined Sh. /Smt. /Km. .... whose signature is given above, and find that he/she recovered from his/her illness and is now fit to resume duties in company. I also certify that before arriving at this decision I have examined the original medical certificate and Statement (s) of the case (or certified copies thereof) on which leave was granted or extended and have taken these into consideration in arriving at my decision.

**Authorized Medical Attendant**  
.....**Hospital/Dispensary**  
**or other Registered Medical Practitioner**

**Dated.....**