

# Medical Certificate for Overstay Passenger

Date .....

I, ..... is a certified medical doctor

(name of MD.)

and is holding medical license number .....

have examined ..... on date

.....

(name of client)

and have found ..... free from the following disease

(name of client)

## 1. Coronavirus Disease – 2019 (COVID-19)

1) evidence of negative testing for COVID-19 not more than 72 hours before departure  
(specify test and date ..... ) AND

2) evidence of 14 days quarantine before departure

Signature ..... MD.

(.....)

Clinic/hospital name.....

Address.....

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