

**Certificate of Fitness by Health Officer**

Total Number of Persons travelling \_\_\_\_\_

Name of the Persons travelling 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

.....

Mobile Number of head of group/family \_\_\_\_\_

Screened on Date \_\_\_\_\_

All the above persons have been screened and found asymptomatic from Covid-19 and are allowed to travel.

Signature and Seal of  
Authorized Health Officer

