

Medical Certificate of Fitness to Return to Duty

Signature of Government servant We the members of medical board.
I, Civil Surgeon/Staff Surgeon Authorised Medical
Attendant Registered Medical Practitioner.

DO HEREBY CERTIFY that We/I have carefully examined Sh./Smt./Km
Whose signature is given above, and find that he/she have recovered from his/her illness and is
now fit to resume duties in Govt. Service. We/I also certify that before arriving at this decision. We/
I have examined the original Medical Certificate(s) and statements (s) of the case (or certified
copies thereof) on which leave was granted or extended and have taken these into consideration
in arriving at our decision.

MEMBERS OF THE MEDICAL BOARD

1.
2.
3.

Civil Surgeon/ Staff Surgeon Authorised
Medical Attendant Registered Medical
Practitioners

Dated

FORM - 4
MEDICAL CERTIFICATE FOR LEAVE OR EXTENSION OF
LEAVE OR COMMUTATION OF LEAVE

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

Authorised Medical Attendant
..... Hospital/Dispensary
or other Registered Medical
Practitioner.

Dated