



དཔལ་རྒྱན་འབྲུག་གཞུང་།  
གསོ་བ་རྒྱན་ལག་།

ROYAL GOVERNMENT OF BHUTAN  
Ministry of Health



Reg. No.....

**Medical Certificate**

I certify that I have examined

Full name.....

Age/Sex ..... bearing Citizenship ID /Passport /Voter card No.

..... on (date)..... as a candidate applying for

(Specify purpose) .....

In my opinion, the person examined is (check appropriate box):

1. In a state of good physical and mental health, and there is nothing to disqualify him/her on medical grounds for the purpose for which this certificate is issued.

2. Not fit for the specified purpose applied.

Additional comments:

.....  
.....

Signature of Certifier: .....

Name: .....

Designation: .....BMHC Reg. No.: .....

Date (certificate is signed): .....

Official seal

This certificate is valid for a period of two years from the date of issue.

The examining doctor should carry out pre-employment medical screening as indicated below: For general purpose- form A; driving purpose – form B; food handler- form C; expatriate workforce- form D; Industrial workforce- form E