

# MEDICAL CERTIFICATE

Health

Certificate No: MC-CASE-00040 | Date: 06/05/2026

|                     |                 |
|---------------------|-----------------|
| Case No             | CASE-00040      |
| Patient No          | 000021          |
| Patient Name        | Jane Smith      |
| Age / Gender        | 32 Years / Male |
| Patient Type        | General         |
| Fees                | 5.00            |
| Date of Examination | 06/05/2026      |

This is to certify that the above-named patient was examined by me on 06/05/2026.

The patient is advised to follow the prescribed treatment and take adequate rest.

Dr. Central Store Admin

centraladmin@gmail.com

Reg. No: 10