## **SAINIK SCHOOL BALACHADI (JAMNAGAR)**

## PLEASE ENSURE THAT THE VACCINATION AND INOCULATION ARE DONE IN TIME SPECIALLY AGAINST TETANUS / TYPHOID

## **MEDICAL CERTIFICATE**

(IN DUPLICATE)

1	certify that I have examined	
	,	(Name of the Ward)
disease	ptomatic disease in the locality in whi	e has been no liability to infection from ch lives.
	(Name of the Ward	
۵ followin	also g as per the dates given below :-	is protected against the
1.	Typhoid valid for 1 year	
2.	Protected against Tetanus {enter displays to booster injections or Tetanus or coulons or	letails when Booster of Triple Antigen by rse of Tetanus Toxoid (PTAP)}
3.	Hepatits-B	
4.	Other protective inoculations (Meas	les)
Place: Officer		Signature of Government Medical
		(Any Govt. Hospital Dispensary & Health Centre)
Date:		Name : Designation:
Office se	eal	
Dato		Coal