EXERCISE NO. 5 SICKNESS & FITNESS CERTIFICATE

Competency No. FM1.9

Describe the importance of documentation in medical practice in regard to medico legal examination, medical certificates and medico legal reports especially - documents of issuance of sickness and fitness certificate.

[Core Competency, Domain - Knowledge, Level - Knows How]

SLO No.	SPECIFIC LEARNING OBJECTIVE	Domain	Level
FM1.9.3	The student should be able to write sickness certificate with all the details in a simulated environment completely.	S	KH
FM1.9.4	The student should be able to write fitness certificate with all the details in a simulated environment completely.	S	KH

FM1.9.4	The student should be able to write fitness certificate with all the details in a simulated environment completely.	S	KH				
Sickness Certificate							
Name of patient: Mr XYZ Age: 52 years Sex: male Address: 786 @ @ @ nagar, @ @ @ pura, ahmedabad							
IPD/OPD No: 1111							
ID Proof type: (Aadhar Card/ Driving license/) ID Proof No: xxxxxxxxxx adhar card							
Signature or thumb impression of Patients/d							
To be filled in by the applicant in the presence of the Government Medical Officer or Medical officer.							
Identification Marks:-							
1:healed dark brown scar, vertical on rt cheek, 3 cm long and linear about 2 cm away from rt angle of mouth 2;tattoo depicting scorpion , black on mid of front of rt forearm							
	I, Dr ABC after careful examination						
of the case certify hereby that Mr XYZ whose signature is given above is							
suffering from enteric fever .and undergoing TREATMENT OPD/IPD base from 1/1/2021 totill							

date...... Consider that a period of absence from duty of Mr XYZ

with effect from 1/1/21 is absolutely necessary for the restoration of his health.

Place: Ahmedabad Seal: Signature of Medical Officer:

Date: 10/1/21 Registration No:@@@.

Fitness Certificate

Age: 52 years Address: 786 @@@ nagar, @	@ @pura, ahmedabad	Sex: male					
IPD/OPD No: 1111							
ID Proof type: (Aadhar Card/ Di	riving license/)	ID Proof No: xxxxxxxxxx adhar card					
Signature or thumb impression of Patients/d							
To be filled in by the applicant in the presence of the Government Medical							
Officer or Medical officer. Identi	fication Marks:-						
1:healed dark brown scar, vertical on rt cheek, 3 cm long and linear about 2 cm away from rt angle of mouth 2;tattoo depicting scorpion , black on mid of front of rt forearm							
I, Dr ABC after careful examination of the case certify hereby that Mr XYZ on restoration of health is now fit to resume service.							
Place: Ahmedabad	Seal:	Signature of Medical attendant					
Date: 12/1/21 No…@@@		Registration					