

FORMAT FOR MEDICAL CERTIFICATE FOR ADMINISTRATION OF HEPATITIS
B ANTI INFECTION INJECTION

I Dr..... Registration No.....
certify that I have this day ofadministered the
Hepatitis B – Anti infection injection to the candidate who particulars are given below.

1. Name of the Candidate

2. Father's/Guardian name

3. Sex

4. Age

5. Identification marks:

- 1.
- 2.

6. Dose I/II/III

Signature of the applicant

Signature of the Medical Officer

Name:

Designation:

Office Seal:

Place:

Date: