

**MEDICAL CERTIFICATE FOR ADMINISTRATION OF
HEPATITIS - B VACCINATION**

I, Dr. _____ Registration No _____
certify that I have this _____ day of _____ 2023 administered the Hepatitis - B
Vaccine to the candidate whose particulars are given below:

1. Name of the candidate :
2. Father's Name :
3. Sex :
4. Age :
5. Identification marks :

6. Dose I/II/III :

Signature of Applicant

Signature of Medical Officer
Name and Designation:

Place :
Date :

Office Seal: