

Medical Certificate

(Should be certified by a Medical Officer with MD/DNB in General Medicine not below the rank of a Junior Consultant/Assistant Surgeon in Government Service)

This is to certify that Mr/Ms.....
date of birth.....has Diabetes Mellitus. He/She is taking insulin injections/GLP-1 analog injections/oral medication and has to carry insulin cartridges or vial insulin pens/syringes/ insulin pump, needles, blood glucose meter/ Continuous Glucose Monitoring System (CGMS)/ Flash Glucose Monitoring System(FGM) and Glucagon vials with him/her into the Examination Hall.(Strike off whichever is not applicable)

He/She has type 1 diabetes and he/she needs a carbohydrate snack /drink with him/her in the Examination Hall.



(The signature of the Medical officer shall be affixed on the photograph leaving the face clear).

Place:

Date :

(Office Seal)

Signature

Name and Designation of the Medical Officer

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