

Annexure I: Certificate for home isolation of COVID-19 patients

Mr. / Mrs. have been found to be COVID-19 positive (RTPCR) on.....

1. Dr. have examined the patient on
..... (DD/MM/YYYY) with the diagnosis

The patient is asymptomatic/ mid symptomatic now and does not have any comorbidities.
The patient can be allowed for home isolation.

Name of the physician:

Signature of physician

Dated: