CERTIFICATE

MEDICAL CERTIFICATE OF HBS AG/MMR/ COVID- 19 / CHICKENPOX VACCINATION

I, Dr. JISHA JOHNSON ABRAHAM. Registration No. 42694.

certify that I have on 27 day of SEPTEMBER month of 2025 year administered the HBS AG/MMR/ CHICKENPOX/ COVID-19 Vaccine to the candidate whose particulars given below:

- MMR - Immunized up to date.
- Chicken pox - 1st dose took on 26/9/2025
- Hepatitis B immunized up to date.

1. Name of the Candidate	:	MEERA MADAN.
2. Father's Name	:	MADANAKUMAR CK. Anti HBs Ag title low.
3. Gender	:	FEMALE
4. Age	:	19
5. Identification marks	:	Brown mole below chin.
6. Dose	:	I / II / III
7. COVID-19 Vaccination	:	(I) II / III

*

Advice:

Hepatitis B vaccine 2nd dose and Chicken pox 2nd dose vaccine after 1 month.

SIGNATURE OF THE APPLICANT

SIGNATURE OF MEDICAL OFFICER

NAME AND DESIGNATION

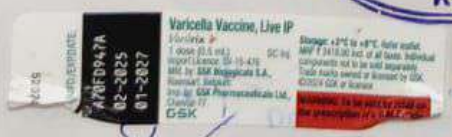
Dr. JISHA JOHNSON ABRAHAM
Assistant Surgeon
Reg. No. 42694
Government of Kerala
Health Services

Place: Kottayam.

Date: 27/09/2025

GENERAL HOSPITAL KERALA - 686 001 KOTTAYAM

Office Seal



NSON ABRAHAM
Surgeon
Government of Kerala
Health Services