



**FORM 23**  
**[See rule 38(3)]**  
**Form of Medical Certificate**

Certified that I/(We) have carefully examined.....  
son of....., a.....in  
the ..... His age by his own statement is  
..... years, and by appearance about ..... years. I/(We)  
consider..... to be completely and permanently incapacitated for  
further service of any kind in the Department to which he belongs in consequence of .....  
.....(here state disease or cause).

(if the incapacity does not appear to be complete and permanent, the certificate should be modified accordingly and the following addition should be made.)

“I am/We are of opinion that AB is fit for further service of a less laborious character than that which he had been doing/may, after resting for .....months, be fit for further service of less laborious character than that which he had been doing.”

Place  
Date

Medical Authority

