Annexure IV : Certificate to identify individuals with co-morbidities that enhance the risk of mortality in COVID-19 disease for priority vaccination
(To be filled by a Registered Medical Practitioner)

Name of beneficiary:

Age: Gender:

Address:

Mobile phone number:

Identification document:

I, Dr.___________________________________, working as ____________________________ have reviewed the above named individual and certify that he/she has the below mentioned conditions based on the records presented to me. A copy of the records on which this certificate is based is attached.

Presence of ANY ONE of the following criteria will prioritize the individual for vaccination

SN	Criterion	Yes/No
1.	Diabetes	
2.	Heart Disease	
3.	Renal Failure	
4.	Cancer	
5.	Down's Syndrome	
6.	Cerebral Palsy	

I am aware that providing false information is an offence.

Name of RMP:__________________

Medical Council registration number of RMP: ____________

Date of issuing the certificate: ____________

Place of issue:__________________.

(Signature & Stamp of RMP)