



Mental Health Examination Certificate

Reference.....

Examinee's Name:

Date of Examination: Psychological testing on.....

Summary of Results:

I hereby certify that the examinee has no current evidence of psychiatric disturbance that interfere with ability to work.

Other opinion/observation

.....

(Signature)

(.....)

Psychiatrist

.....

(Date)

.....

(Affiliation with stamp)