Medical Fitness Certification

[Medical Practice/Hospital Letterhead]

Subject: Medical Fitness Certification for [Patient Name]

To Whom It May Concern,

This letter certifies that [Patient Full Name], Date of Birth: [DOB], has been examined at our facility on [Date of Examination].

Based on a comprehensive medical evaluation including [physical examination/laboratory tests/other assessments], I certify that [Patient Name] is medically fit to [specific activity: work/travel/participate in sports/attend school/other purpose].

Medical Assessment Summary:

- General Health Status: [Good/Excellent]
- Blood Pressure: [Reading]
- Any Relevant Findings: [None/Specify if necessary]
- Restrictions or Limitations: [None/Specify if applicable]

[Patient Name] is cleared to resume normal activities without medical restrictions. [He/She/They] does not have any conditions that would prevent [him/her/them] from [specific activity].

This certification is valid for [time period] from the date of issue and is provided for [purpose].

Should you have any questions or require additional medical information, please contact our office at [phone number].

Respectfully,

[Signature]

[Physician Name]

[Medical License Number]

[Specialty]

[Medical Practice/Hospital Name]

[Date]

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