## **Provisional Medical Certificate**

Subject: Provisional Medical Certificate

Dear [Recipient Name],

This provisional certificate confirms that [Patient Name] is under medical observation and may require rest and limited activity from [Start Date] to [Expected End Date]. A full medical report will be provided after further assessments.

Kindly consider this certificate for [work/school] adjustments.

Regards,

[Doctor Name]

[Clinic/Hospital Name]

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