

Medical Certificate

Dear _____,

This is to certify that _____, was examined on _____
_____. After a comprehensive examination, no medical conditions or health issues have been identified that would interfere with their daily activities. The patient exhibits no signs of illness or impairment, and their overall health is satisfactory.

Given this assessment, the patient is fully capable of engaging in all daily activities and responsibilities without any restrictions or limitations. This medical certificate is issued for:

Should you have any further questions or require additional information, please feel free to contact me.

Sincerely,



Medical Certificate

Dear _____,

This is to certify that _____ was examined on _____. After a comprehensive examination, it has been determined that the patient is currently experiencing health issues. Please consider the following information for any necessary adjustments or accommodations to help support the patient's recovery.

Diagnosis:

Recommended rest period:

Activity restrictions:

This medical certificate is issued for:

Should you have any further questions or require additional information, please feel free to contact me.

Sincerely,

