

Medical Fitness Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that **[Patient's Full Name]**, born on **[Date of Birth]**, has undergone a comprehensive medical examination on **[Examination Date]**. After a thorough assessment, I hereby confirm that the individual is medically fit for employment.

Details of Assessment:

- General Health: [Describe general health status]
- Physical Examination: [Provide findings]
- Laboratory Tests: [Summary of tests and results]

I recommend that **[Patient's Full Name]** is fit to perform the duties associated with the employment role at **[Company Name]**.

If you require any further information, please do not hesitate to contact me at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Doctor's Full Name]
[Medical License Number]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]