

Medical Fitness Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that:

Full Name: [Insert Full Name]

Date of Birth: [Insert Date of Birth]

Identification Number: [Insert ID Number]

has undergone a comprehensive medical examination on [Insert Examination Date] and has been found medically fit to enlist in the military. The examination consisted of a thorough review of medical history, physical examination, and relevant laboratory tests.

Based on the findings, I hereby affirm that the individual meets the physical and medical standards required for military service.

If you have any further questions, please feel free to contact me at [Insert Contact Information].

Sincerely,

[Physician's Name]

[Physician's Title]

[Medical Facility Name]

[Medical Facility Address]

[Contact Number]