

# Medical Fitness Certification

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Doctor's Name], a licensed physician, hereby certify that I have examined [Patient's Name] on [Examination Date]. Based on my assessment, I confirm that [he/she/they] is physically fit to participate in personal training activities.

[Patient's Name] demonstrates no medical conditions that would restrict [his/her/their] ability to engage in exercise programs, provided that [he/she/they] follows the guidelines and recommendations as prescribed.

This certification is valid until [Expiration Date]. Should you have any questions regarding this medical fitness assessment, please feel free to contact my office at [Doctor's Phone Number].

Sincerely,

Dr. [Doctor's Name]  
[Doctor's Title/Position]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[Doctor's Signature]