

Medical Fitness Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that **[Employee's Name]**, born on **[Employee's Date of Birth]**, has undergone a medical examination on **[Examination Date]** and has been found medically fit for employment.

The examination included a comprehensive assessment of physical and mental health, and all test results are within normal limits. [Employee's Name] is deemed capable of performing the essential duties required for the position of **[Job Title]**.

Please feel free to contact my office at **[Office Phone Number]** or **[Office Email]** if you have any further questions or require additional information.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

[Phone Number]