

Medical Fitness Certification

Date: _____

To Whom It May Concern,

This is to certify that I have examined **[Student's Name]**, a **[Age]** year-old student, on **[Date of Examination]**. After a thorough medical evaluation, I confirm that they are physically fit to attend school.

Details of the examination:

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Vision: _____
- Hearing: _____

No significant medical conditions were noted, and the student is free from communicable diseases.

Should you require any further information, please feel free to contact my office at **[Phone Number]** or **[Email]**.

Sincerely,

[Doctor's Name]
[Medical License Number]
[Hospital/Clinic Name]
[Address]