

# Medical Fitness Certification

Date: \_\_\_\_\_

To Whom It May Concern,

This is to certify that I, Dr. [Doctor's Name], a licensed medical practitioner in [Medical License Number], have examined [Patient's Full Name] on [Examination Date].

Based on my evaluation, I confirm that [he/she/they] is in good health and fit to travel. There are no medical conditions that would pose a risk during travel.

Should you require any further information, please feel free to contact my office at [Doctor's Contact Information].

Sincerely,

Dr. [Doctor's Name]  
[Medical Practice Name]  
[Address]  
[Phone Number]  
[Email Address]