

Fitness Certificate

Date: [Insert Date]

To Whom It May Concern,

This is to certify that Mr./Ms. [Insert Name], residing at [Insert Address], has undergone a complete medical examination on [Insert Examination Date].

After thorough evaluation, we declare that Mr./Ms. [Insert Name] is in good health and physically fit for travel and all related activities.

The examination included a general health check, vital signs measurement, and necessary laboratory tests. All results are within the normal range.

Should you require any further information, please do not hesitate to contact our clinic.

Sincerely,

[Doctor's Name]

[Doctor's Qualifications]

[Clinic/Hospital Name]

[Contact Information]