

Health Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [**Student's Name**], born on [Date of Birth], has undergone a complete health examination on [Examination Date].

Based on the findings, I confirm that [he/she/they] is in good health and fully capable of participating in all school activities. There are no medical contraindications for school attendance.

If you have any questions or require further information, please feel free to contact me at [Doctor's Phone Number] or [Doctor's Email Address].

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Facility Name]

[Address of Medical Facility]

[Phone Number of Medical Facility]