

Your Health, Our Promise

DR. .....

GENERAL PHYSICIAN

Regd.No. .....

+91-9052000669

contact@easymedicalcertificate.com

FITNESS CERTIFICATE

ISSUE DATE: .....

DOCUMENT NO: .....

To,

.....

.....

This is to certify that I, Dr. ....., after examining Mr./Ms.

..... S/O / D/O / W/O ..... aged about .....

years, gender ....., resident of .....

..... (whose signature is verified as under)

found that:

(Findings to be recorded by the examining doctor)

- .....
- .....
- .....
- .....
- .....
- .....

I also certify that I have examined the required medical history and have taken them into consideration in arriving at my decision that the patient is currently fit for .....

SAMPLE ONLY.NOT FOR USE

SAMPLE ONLY.NOT FOR USE

Signature

Doctor Stamp with
Name, Qualification
Registration Number

Patient's Signature

.....

Patient's Name

This medical certificate is valid only with the recipient's signature and reflects the details provided during the online consultation. Medical Docs Services and EasyMedicalCertificate.com are not liable for any inaccuracies resulting from incorrect information shared by the user. The certificate is valid solely for the dates specified by the consulting doctor and is intended exclusively for the organization to which it is addressed. It cannot be used for any medico-legal or legal purposes. By using this certificate, the user assumes full responsibility for the accuracy of the information provided.