Your Health, Our Promise

DR. [redacted]

GENERAL PHYSICIAN

Regd.No. [redacted]

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FITNESS CERTIFICATE

ISSUE DATE: 01-08-2025

DOCUMENT NO: [redacted]

To,

[redacted]

This is certify that, I, [redacted], after examining [redacted] D/O [redacted] aged About 25 years gender- Male [redacted]. (Whose signature is verified has) found that.

- No history of head injury or seizures
- No history of flu-like symptoms in the past 15 days
- All vital signs are within normal limits
- No gait abnormalities observed
- No psychopathology noted on mental status examination
- Patient is conscious and oriented as of **6:31 PM** on **01/08/2025**
- No history of chronic medical illness, shortness of breath, or asthma

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 all regular activities.

Signature

Doctor Stamp with
Name, Qualification
Registration Number

Patient's Signature

[redacted]

Patient's Name