



Your Health, Our Promise

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DR. [REDACTED]

GENERAL PRACTITIONER

Regd.No. [REDACTED]

contact@easymedicalcertificate.com

UNFIT TO TRAVEL

ISSUE DATE: 01-09-2024

DOCUMENT NO: [REDACTED]

TO,

[REDACTED],
[REDACTED]

This is to certify that I, DR. [REDACTED], after examining
[REDACTED] D/o [REDACTED] aged about 20 years,
gender-Male resident of [REDACTED]
[REDACTED] (whose signature is verified as under) has diagnosed the
patient with **cold and fever**

I do consider bed rest for **1 week** from **01/09/2024** was necessary for the
restoration of the patient's good health.

Patient's Signature

Patient's Name

Signature

Doctor Stamp with
Name, Qualification

Registration Number