Your Health, Our Promise

+91-9052000669

DR. [redacted]

GENERAL PRACTITIONER

Regd. No: [redacted]

contact@easymedicalcertificate.com

WORK FROM HOME

ISSUE DATE: 01-12-2025

DOCUMENT NO: [redacted]

TO,

[redacted]

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

I do consider bed rest for **1 week** from **01/12/2025** was necessary for the restoration of the patient's good health.

Signature

Doctor Stamp with
Name, Qualification
Registration Number

Patient's Signature

[redacted]

Patient's Name