

Heading:

- Certificate of Medical Fitness

Patient Information:

- Name of Patient: [Full Name]
- Date of Birth: [Date of Birth]
- Age: [Age]
- Gender: [Gender]
- Address: [Patient Address]

Issuing Doctor Information:

- Name of Doctor: Dr. [Doctor's Full Name]
- Designation: [Doctor's Designation]
- Registration Number: [Doctor's Registration Number]

Body of Certificate:

- This is to certify that I have examined [Patient Name], son/daughter of [Father's Name], on [Date of Examination].
- [He/She] has undergone a physical examination [and mention any specific tests conducted, if applicable].
- Based on the examination [and test results, if applicable], I found [Patient Name] to be in good health and free from any medical conditions that would limit his/her ability to [purpose of the certificate, e.g., participate in sports, perform work duties, undergo surgery].

Optional:

- You can add any specific restrictions or recommendations based on the patient's health (e.g., wear protective gear during sports).

Closing:

- This certificate is valid for [validity period, if applicable].

Signature:

- Dr. [Doctor's Name]
- Signature & Stamp

Note:

- This is a sample format, and the specific content may vary depending on the issuing doctor and the purpose of the certificate.
- It's important to consult a licensed medical professional to obtain a medical certificate.