[Your Name]
[Your Title/Position]
[Your Clinic/Hospital Name]
[Address]
[City, State, ZIP]
[Date]

Medical Certificate

To Whom It May Concern,

RE: Medical Certificate - Fitness for Work

I am writing this medical certificate to confirm the fitness of [Patient's Name] for work.

Patient Information:

Name: [Patient's Name]
Date of Birth: [Patient's Date of Birth]
Gender: [Patient's Gender]
Medical Record Number: [Patient's Medical Record Number]

Medical Examination Details:

Date of Examination: [Date of Examination]
Diagnosis: [Brief description of the diagnosis or medical condition]
Treatment: [Brief description of the treatment provided or ongoing]
Medications: [List any prescribed medications, dosage, and frequency]
Restrictions: [Specify any restrictions or limitations on physical activities or work duties, if applicable]

Based on my examination and assessment, I can confirm that [Patient's Name] is fit to return to work. Their medical condition has improved/stabilized, and they are able to perform their regular work duties without any significant risk to themselves or others. The recommended restrictions or limitations, if any, are within acceptable parameters and do not impede their ability to carry out their job responsibilities safely and effectively.

Please feel free to contact me if you require any further information or clarification regarding [Patient's Name]'s fitness for work.

Yours sincerely,

[Your Name]

[Your Title/Position]

[Contact Information]