

Medical Certificate Of Good Health

Confirm that an individual is in good health and fit for travel,
employment, sports, or other similar activities.

Vital Point Health Center

Medical Certificate of Good Health

Patient Name:	Patient name here
Date of Examination:	January 30, 2030
Date of Issuance:	January 30, 2030
Physician:	Physician name here

To whom it may concern,

This is to certify that [Patient’s name here], born on [Patient’s date of birth], has been examined and evaluated at our clinic on [Date of examination].

Following a thorough medical assessment, including physical examination, it is determined that the individual is in good health and is medically fit to engage in [Activity here] or participate in other routine functions. There are no current medical conditions that would impair their ability to perform such tasks.

This certification is issued at the patient’s request for documentation purposes and with their full consent. Should further information be required, please don't hesitate to contact us.

Sincerely,

Physician signature here

Physician name here

Date: Date here

Credits

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