**Medical Fitness Certificate Download**

**To Whom It May Concern,**

This is to certify that [Name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has undergone a comprehensive medical examination on [Date] \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_. Based on the findings, [he/she/they] is found to be in satisfactory physical condition and fit to participate in activities requiring physical exertion.

**Medical Examination Details:**

* **Blood Pressure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Heart Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Lung Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Vision Test: Right: \_\_\_\_\_\_ Left: \_\_\_\_\_\_**
* **Hearing Test: Pass ☐ Fail ☐**

**Physician's Declaration:**
I certify that the above-named individual has no medical contraindications to prevent [him/her/them] from engaging in physical activities. All necessary tests have been conducted to confirm their physical fitness.

* **Physician's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_**