
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:** _____ / _____ / _____