

# Medical Certificate Template

## Medical Certificate



**Date:** \_\_\_\_\_

I the Undersigned Doctor in Medicine, \_\_\_\_\_ (Full Name)

Certify that I have examined the blood test results and \_\_\_\_\_ tests of  
Mr. /Mrs. \_\_\_\_\_ (Full Name)

Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Residing At: \_\_\_\_\_

***I have found him/her:***

**Free of Following  
Illness**

**Suffering from  
Following Illness**

Illness Name Here  
Illness Name Here  
Illness Name Here  
Illness Name Here  
Illness Name Here  
Illness Name Here

Free of Following Illness	Suffering from Following Illness

Issued At: \_\_\_\_\_ on: \_\_\_\_\_

Doctor Sign: \_\_\_\_\_

Stamp: \_\_\_\_\_