# Medical Certificate

*This document certifies the medical status of an individual based on a professional medical evaluation performed on the date below.*

## Patient Information

**Full Name:** {fullName}
**Date of Birth:** {dateOfBirth}
**Gender:** {gender}
**Identification/Passport Number:** {idNumber}

## Medical Evaluation

**Date of Examination:** {examinationDate}
**Place of Examination:** {examPlace}
**Medical Condition:**{medicalCondition}
**Diagnosis Summary:**
*{diagnosisDetails}*

{#isFit}

**Fitness for Work/Study:** The patient **IS FIT** for work/study.

{/isFit}

{^isFit}

**Fitness for Work/Study:** The patient is currently **NOT FIT** for work/study.

{/isFit}

{#restrictions}

**Specific Restrictions or Recommendations:**

* {recommendation}

{/restrictions}

## Medical Practitioner

**Name:** Dr. {doctorName}
**Medical License Number:** {licenseNumber}
**Date of Issue:** {issueDate}
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Additional Notes

{#notes}

* {noteText}

{/notes}