# [DR. FULL NAME], [MBBS, FCPS / MD, etc.]

[Clinic / Hospital Name] • [Address, City] • [Phone] • Reg. no.: [PMDC / NMC / Medical Council No.]

Certificate no.: [MC/2026/001]
Date: [DD Month YYYY]

## MEDICAL CERTIFICATE

FOR SICK LEAVE / FITNESS TO RESUME DUTY

This is to certify that I have examined [Mr./Ms. Patient Full Name], aged [00] years, [son / daughter / wife] of [Name], ID no. [0000], [employee / student] of [Company / School Name], on [Date of examination].

[He/She] was suffering from [diagnosis, e.g. acute viral fever / sprained ankle] and was / is under my treatment from [Start Date] to [End Date].

I advised [him/her] rest for [number] days, from [Start Date] to [End Date] (both days inclusive), which was necessary for [his/her] recovery.

FITNESS: [He/She] has recovered and is fit to resume [duty / classes / normal activities] from [Date]. [Optional: with these restrictions: (details)].

Patient's signature / thumb impression: _____

_____

**[Dr. Full Name]**
[Qualifications] • Reg. no. [0000]
[Clinic / Hospital Name] — (Clinic stamp)

*To be completed, signed and stamped only by the registered medical practitioner who examined the patient. Issuing a false medical certificate is an offence in most countries.*