**MEDICAL FITNESS CERTIFICATE**

I Dr. ………………………………………………… hereby certify that I have carefully examined Mr./Ms. ……………………………………………… whose signature is given below and found that he/she has recovered from his/her illness and is fit to resume duty in full/limited capacity.

The decision has been arrived at after taking into consideration all original medical certificates and records/statements of the case.

Place: ………………………………
Date: ………………………………

Doctor’s Signature

With Seal