

DOCTOR'S LETTER

Patient Name: _____ Patient ID: _____

Date of Examination: _____

Doctor Information:

Full Name: _____

Qualifications: _____

Medical Registration No.: _____

Address: _____

Phone/Email: _____

Examination Details:

This letter certifies that the patient named above has undergone a medical examination conducted by the undersigned doctor. The examination included a review of the patient's medical history, physical examination, and any tests deemed necessary to assess the patient's current health status.

Medical Findings:

Based on the examination conducted, the following observations and medical findings are reported:

- Vital signs within normal limits.
- No evidence of communicable diseases or conditions that would preclude the patient from engaging in normal activities.
- The patient is fit to undertake the activities for which this certificate is required, subject to any specific limitations noted herein.

Restrictions and Recommendations:

The patient should follow any prescribed medication or therapy. Any specific restrictions or limitations are detailed below:

Doctor's Declaration:

I hereby declare that the information provided in this letter is accurate and complete to the best of my knowledge. This certificate is issued in accordance with applicable UK laws and medical standards and is intended solely for the purpose for which it is requested.

Confidentiality Notice:

This document contains confidential medical information protected under the Data Protection Act 2018 and UK GDPR. It is intended only for the named recipient and must not be disclosed to unauthorized individuals.

DOCTOR'S SIGNATURE

PATIENT'S SIGNATURE

Signature: _____

Signature: _____

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