

Doctor's Certification

Patient Name:

Date of Birth:

Diagnosis/Condition:

Summary of Medical Evaluation:

Recommended Treatment:

Start Date:

Expected Duration:

Medical Practitioner's Name:

Doctor's Signature

Date

- This certification must be completed and signed by a licensed medical practitioner.
- Ensure all relevant fields are filled in clearly to avoid delays in processing.
- Attach any supporting documents or test results as necessary.
- False certification is subject to penalties as per applicable laws and regulations.
- Keep a copy of this document for your own records.