

## Medical Certificate



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### Patient Information

- **Name:** {{patient\_firstname}} {{patient\_surname}}
- **Patient ID:** {{patient\_ID}}
- **Date of Birth:** {{birthday}}
- **Date of Certificate:** {{today}}

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To Whom It May Concern,

I hereby certify that {{patient\_firstname}} {{patient\_surname}} underwent a Total Hip Replacement on {{surgery\_date}}. The patient is currently in the recovery phase and is undergoing rehabilitation under my supervision. While the patient is still recovering, it is my professional opinion that they are capable of performing home office activities as part of their work routine, with the following conditions:

1. The patient should avoid prolonged sitting or standing for extended periods and take regular breaks to move and stretch.
2. Any tasks involving physical strain, lifting, or excessive walking should be avoided.
3. The patient may need adjustments to their work setup, such as a comfortable chair and access to rest periods.

It is recommended that the patient gradually return to a full workload, depending on their progress and comfort level.

The patient is expected to return to regular work activities on {{return\_date}}, provided they are medically fit.

Please feel free to contact my office for further details.

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### Doctor's Information

- **Doctor's Name:** Dr. med. Fredy Meyer