

INSURANCE MEDICAL CERTIFICATE

PATIENT INFORMATION

Name: John Doe
Date of Birth: 05/15/1980
Patient ID: P-1001
Gender: Male
Address: 123 Main Street, Anytown, CA 12345

CERTIFICATE DETAILS

Certificate Number: IMC-2023-8901
Date of Issue: March 25, 2023
Valid Until: March 25, 2024
Insurance Provider: HealthPlus Insurance
Policy Number: HP-987654321

MEDICAL ASSESSMENT

This is to certify that I have examined the above-named individual on March 25, 2023 and found the following medical conditions:

1. Hypertension - Well-controlled on current medication
2. Type 2 Diabetes Mellitus - Well-controlled, HbA1c 6.8%
3. Hyperlipidemia - Controlled with medication

RISK ASSESSMENT

Based on the current medical examination and history:

Cardiovascular Risk: Moderate
Life Expectancy: Normal for age
Disability Risk: Low
Overall Health Status: Good, with well-managed chronic conditions

CERTIFICATION

This certificate is issued at the request of the patient for insurance purposes. The information contained herein is accurate to the best of my knowledge and based on examination findings and medical records available to me.

PHYSICIAN INFORMATION

Name: Dr. Sarah Johnson, MD
License Number: MD12345
Medical Center: Cityview Medical Center
Contact: 555-123-4567

*Electronically signed by: Dr. Sarah Johnson
Date: March 25, 2023*