

## **MEDICAL CERTIFICATE**

**Patient Name: Aryan**

**Date of Birth: 12/05/2005**

**Gender: Male**

**Date of Examination: 25/03/2025**

**Issuing Medical Practitioner: Dr. Ramesh Sharma**

**Medical License Number: ABC123456**

**Medical Facility: CityCare Hospital**

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### **Medical Information**

**Blood Group: B+**

**Primary Diagnosis: Seasonal Allergic Rhinitis**

**Comorbidities: Asthma, Mild Hypertension**

**Allergies: Pollen, Dust Mites, Penicillin**

#### **Medications Prescribed:**

- **Cetirizine 10mg (once daily)**
- **Salbutamol Inhaler (as needed)**
- **Amlodipine 5mg (once daily)**

#### **Treatment Plan:**

- **Continue prescribed medications**
- **Use air purifiers at home**
- **Avoid exposure to allergens**
- **Follow up in four weeks for evaluation**

#### **Physical Limitations (if any):**

- **Avoid strenuous outdoor activities during high pollen seasons**

**Special Instructions:**

- **Maintain hydration**
- **Use a face mask in dusty environments**
- **Avoid cold beverages and strong fragrances**

**Recommendation for School/Work Accommodations:**

- **Allow short breaks during physical exertion**
- **Access to a clean, dust-free environment**

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**Certification**

**I hereby certify that the above-named patient has been examined and the details provided in this document are accurate to the best of my knowledge.**

**Medical Practitioner's Name: Dr. Ramesh Sharma**

**Signature: \_\_\_\_\_**

**Date: 25/03/2025**

**Official Stamp: [CityCare Hospital Stamp]**