

Date:	12/12/2020

To Whom It May Concern

This is to certify that	John Doe	(25 y.o)	has been under my medical care
and treatment since	11/12/2020		·
I hereby certify that _	John Doe		is suffering
from <u>Covi</u>	I-19	and unable to	perform any activity because of
the aforementioned i	medical condition.		

Verify Details:

