{{DATE\_TODAY}}

**DATE**

TO WHOM IT MAY CONCERN:

This is to certify that a physical examination has been performed to {{CLIENT\_NAME}}, {{AGE}} Years old of {{CLIENT\_ADDRESS}} on the above date and found him/her to be free from any infections or contagious disease that may endanger public health.

The above-named person is therefore in good health and is physically and mentally sound, thru:

Physical Exam only at the time of Examination.

Physical Exam and w/ X-ray and laboratory results.

Physical Exam and w/ X-ray results.

Issued upon request for whatever purpose it may serve.

PURPOSE: “{{PURPOSE}}”

O.R.#: {{OR\_NUM}}

AMOUNT: {{AMOUNT}}

Remarks: {{REMARKS}}

Valid Until {{VALID\_UNTIL}}

**{{NAME\_OF\_DOCTOR}}, M.D.**

{{POSITION}}

{{LICENSE\_NO}}