Hospital Name

Company address goes, City, State, Zip Code here,
Phone: (123) 456 7890, (321) 654 9870

MEDICAL CERTIFICATE

This is to certify that (Name of Patient) of (Address)

Was examined and treated at the Municipal Health Office on ,20 with the following diagnosis

And would medical attention for (Attending Physician) days barring complication.

5-8-2016

DATE

Attending Physician