

Health Clearance Certificate

Date: [Redacted]

To Whom It May Concern,

This is to certify that Mr./Ms. [Redacted], employed at [Redacted], has undergone a medical evaluation.

Based on the assessment conducted on [Redacted], the above-named individual is hereby declared:

- Fit to resume work
- Unfit to resume work (please specify reason): [Redacted]

Remarks:

[Redacted]

Certified by:

Name: [Redacted]

Position: [Redacted]

License Number: [Redacted]

Signature: [Redacted]