

# MEDICAL LETTER OF CERTIFICATION

Patient Name: \_\_\_\_\_ Patient ID: \_\_\_\_\_

## Referring Physician Information:

Full Name: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Attending Physician Information:

Full Name: \_\_\_\_\_

Medical License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

## Medical Examination Details:

Examination Date: \_\_\_\_\_

Examination Location: \_\_\_\_\_

Type of Examination: \_\_\_\_\_

## Diagnosis and Findings:

[Insert detailed medical diagnosis, clinical findings, tests performed, and relevant observations here. Include any limitations, restrictions, or conditions pertinent to the patient's health status. This section should be concise, accurate, and conform to medical standards.]

## Treatment and Recommendations:

[Insert recommended treatment plans, medication prescriptions, referrals, follow-up instructions, or any other relevant medical advice and recommendations.]

## Patient Fitness and Restrictions:

[State the patient's fitness for work, daily activities, or specific activities. Include any restrictions, limitations, or accommodations recommended or required.]

## Confidentiality and Compliance:

This Medical Letter is provided in accordance with applicable United States federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA). The information contained herein is confidential and intended solely for the use of the patient and authorized personnel. Unauthorized disclosure or distribution is strictly prohibited.

## Legal Disclaimer:

This document is a medical certification based on the information available at the time of examination. It does not constitute a comprehensive medical opinion beyond the scope described herein. Neither the author nor associated medical entities assume liability for any actions taken based on this letter. All statements and recommendations comply with current United States medical laws and regulations.

**Patient Acknowledgment and Consent**

The patient acknowledges that the examination was conducted with informed consent and that all provided information is accurate to the best of their knowledge. The patient consents to the release of this medical information to authorized parties as necessary for medical or legal purposes.

**Physician Certification**

I hereby certify that I have personally examined the above-named patient and that the statements made in this letter are true, correct, and based on my professional judgment and available medical evidence.

**Scope and Limitations**

This certification is limited to the specified examination and does not cover conditions outside the scope of the examination or information not disclosed during the assessment. Additional evaluations may be required for comprehensive health assessments.

**Governing Law and Jurisdiction**

This Medical Letter and any related legal matters shall be governed by the laws of the United States of America and the relevant state laws where the examination took place. The parties consent to jurisdiction and venue in accordance with applicable legal provisions.

**Amendments and Addenda**

Any amendments, addenda, or corrections to this Medical Letter must be made in writing, signed by the attending physician, and attached hereto to be considered valid and enforceable.

**Severability**

If any provision of this Medical Letter is found to be invalid or unenforceable, the remaining provisions shall remain in full effect and be interpreted to best fulfill the original intent.

**PHYSICIAN'S SIGNATURE**

**PATIENT'S SIGNATURE**

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

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

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