



RACGP

Royal Australian College of General Practitioners

# Medical Certificate

This is to certify that on (date)

 

I examined (name of patient)

☐

Attended this medical clinic

☐

Who in my opinion is suffering from a medical condition

☐

Who states that they were suffering from a medical condition

☐

Other

And will be/was (please circle) unfit for work/school.

From

 

To

 

inclusive.

Other comments (if necessary)

Doctor's name

Practice address (please print or stamp)

Signed

Date