Date: [Insert Date]

To: [Recipient Name/Company Name]
Address: [Company Address]

Subject: Medical Fitness Clearance for Heavy Machinery Operation

To Whom It May Concern,

This letter is to certify that I have medically examined **[Employee Full Name]**, born on **[Date of Birth]**, to determine their physical and mental fitness to operate heavy machinery.

Based on the clinical examination and review of medical history, the individual has been evaluated for the following:

- Visual acuity and field of vision
- Hearing capacity
- Motor skills, coordination, and reaction time
- Neurological and cardiovascular health
- Absence of conditions causing sudden incapacitation

Evaluation Result:

The aforementioned individual is found to be **FIT** to operate heavy machinery (including but not limited to: [List specific machinery if applicable]) without restrictions.

Comments/Restrictions: [Insert "None" or specify any necessary accommodations]

This certification is valid until: **[Expiration Date]**.

Sincerely,

[Doctor's Signature]
[Doctor's Full Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information]