

**Date:** [Date]

**To:** [Aviation Authority Name / Licensing Department]

**Address:** [Authority Address]

**Subject: CERTIFICATE OF MEDICAL FITNESS FOR FLIGHT DUTIES**

To whom it may concern,

This is to certify that I have performed a comprehensive medical examination on the following individual:

- **Pilot Name:** [Full Name of Pilot]
- **Date of Birth:** [Date of Birth]
- **License Number:** [License/Reference Number]

The examination was conducted in accordance with the medical standards set forth by [Name of Aviation Authority, e.g., FAA / EASA / ICAO].

Based on the clinical findings, laboratory results, and diagnostic tests performed on [Examination Date], I find the above-named individual to be:

**Fit for flight duties (Class [1, 2, or 3])**

**Unfit for flight duties**

**Limitations/Restrictions:**

[None / Must wear corrective lenses / Valid only with hearing aid / etc.]

This medical certificate is valid until [Expiry Date], unless otherwise revoked or suspended.

Sincerely,

[Signature]

**Name:** [Doctor's Full Name]

**Title:** [Aeromedical Examiner / Senior Medical Officer]

**License/Registration No:** [Doctor's License Number]

**Facility Name:** [Clinic or Hospital Name]

**Contact Details:** [Phone Number/Email]