Date: [Insert Date]

To:
[Aviation Authority Name/Organization]
[Department]
[Address]

Subject: Certificate of Medical Fitness for Commercial Pilot Duties

To Whom It May Concern,

This is to certify that I, **[Doctor's Name]**, a designated Medical Examiner, have conducted a comprehensive medical examination of **[Pilot's Full Name]**, born on **[Date of Birth]**, holder of License Number **[License Number, if applicable]**.

The examination was performed on **[Date of Examination]** in accordance with the medical standards prescribed by **[Relevant Aviation Authority, e.g., FAA/EASA/ICAO]** for Class 1 Medical Certification.

Based on the clinical findings, laboratory results, and diagnostic tests performed, I find **[Pilot's Name]** to be in good physical and mental health. The individual meets all the necessary medical requirements to perform the duties of a Commercial Pilot.

Limitations/Restrictions: [None / e.g., Must wear corrective lenses]

This medical certificate is valid until **[Expiration Date]**, provided no significant change in the individual's health occurs in the interim.

Sincerely,

[Signature]

[Doctor's Full Name, Degree]
[Designated Aviation Medical Examiner ID Number]
[Clinic/Hospital Name]
[Contact Information/Phone Number]