MEDICAL CERTIFICATE

Patient Name: Rahul Sharma
Date: 27/07/2026
Diagnosis: Viral fever with body ache and fatigue.

This is to certify that the above-named patient was examined and is suffering from a viral illness. The patient is advised complete rest and prescribed medication. The patient is recommended to remain off work for **2 days** from **28/07/2026 to 29/07/2026** and may resume duties on **30/07/2026**, subject to satisfactory recovery.

Doctor's Name: Dr. Amit Patel
Registration No.: G-12345

Signature: _____
Hospital/Clinic Seal: _____