

# MEDICAL CERTIFICATE LETTER

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

## Medical Practitioner Details:

Full Name: \_\_\_\_\_

Medical Registration Number: \_\_\_\_\_

Practice Address: \_\_\_\_\_

## Medical Assessment Details:

Clinical Findings and Diagnosis:

Recommended Treatment / Management Plan:

Fitness for Work / Activities:

**Declaration:**

I hereby certify that I have examined the above-named patient and the statements made in this certificate are true and correct to the best of my knowledge. This certificate is issued in accordance with applicable laws in Australia and is intended for use in supporting medical leave, insurance claims, or other legitimate purposes requiring medical evidence.

**Confidentiality:**

All personal and medical information disclosed within this letter is confidential and protected under Australian privacy laws, including the Privacy Act 1988 (Cth). Disclosure to third parties without patient consent is prohibited except where required or authorised by law.

**Limitations and Liability:**

This medical certificate is based on the information available at the time of examination and does not guarantee future health or fitness. The issuing medical practitioner accepts no liability for any decisions made based on this certificate beyond the scope of their professional duties and Australian law.

**Signature of Medical Practitioner:**

\_\_\_\_\_

Name:

\_\_\_\_\_

Date of Issuance:

\_\_\_\_\_

**Medical Practitioner's Signature**

**Patient's Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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