



Clinic name

Address · Phone · Licence no.

Attendance certificate

Confirms that the patient attended the clinic; no diagnosis unless the patient asks.

Reference no. _____ Date of issue _____

To whom it may concern,

This is to certify that the person named below attended the clinic for a medical consultation on the date and at the times shown.

Patient name _____ File no. _____
ID, residence or passport no. _____ Date of attendance _____
From (time) _____ To (time) _____

Accompanied by

Fill in when a parent or guardian came with the patient.

Name _____ Relationship _____ ID no. _____

Diagnosis

☐ The patient asked for the diagnosis to be stated on this certificate

Diagnosis (only if the patient asked) _____

This certificate is issued at the patient's request.

Doctor's name and specialty

Signature

Stamp

For private use

In Saudi Arabia, sick leave for government bodies and employers is issued through the official platform. This template is for private use only and does not replace official sick leave.

The signing doctor is responsible for the content of this document.



Clinic name

Address · Phone · Licence no.

Fitness letter

The outcome of an examination for work or exercise: fit, fit with restrictions, or not fit until a date.

Reference no. _____ Date of issue _____

To whom it may concern,

Patient name _____ File no. _____

ID, residence or passport no. _____ Date of birth _____

Examined on _____

Purpose ☐ Work ☐ Exercise or sport ☐ Other

Job or activity _____ Requested by _____

Outcome

Having examined the person named above, I confirm that they are:

- ☐ Fit
- ☐ Fit with the restrictions listed below
- ☐ Not fit until:

Restrictions

Review date _____

This letter is issued at the patient's request.

Doctor's name and specialty

Signature

Stamp

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In Medicolize this document lives on the patient file: medicolize.com