RACGP
Royal Australian College *of* General Practitioners

Medical Certificate

This is to certify that on (date)

/ /

I examined (name of patient)

☐ Attended this medical clinic

☐ Who in my opinion is suffering from a medical condition

☐ Who states that they were suffering from a medical condition

☐ Other

And will be/was (please circle) unfit for work/school.

From / / To / / inclusive.

Other comments (if necessary)

Doctor's name

Practice address (please print or stamp)

Signed

Date / /

4701