



MAGISTRATES COURT
OF THE
AUSTRALIAN CAPITAL TERRITORY

MEDICAL CERTIFICATE

I,

(name and address of medical practitioner and provider number)

examined

on

(name of patient)

(date)

and certify that they are unable to attend court on

(date)

due to

(nature of incapacity)

They will be fit to attend court from

(date)

Signature of medical practitioner

Date