

Medical Absence Confirmation

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Employee's Name] was unable to attend work from [Start Date] to [End Date] due to medical reasons. A medical certificate has been provided as proof of the absence.

If you have any questions or require further information, please do not hesitate to contact me.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Company Name]