

Medical Certification

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Insert Doctor's Name], am a licensed medical practitioner. This letter is to certify that [Employee's Name], who is under my care, requires compassionate leave from work due to [brief reason, e.g., a serious medical condition of a family member].

The recommended period of absence is from [Start Date] to [End Date]. During this time, it is essential for [Employee's Name] to focus on supporting their family and managing the situation effectively.

If you need any further information, please do not hesitate to contact me at [Doctor's Phone Number] or [Doctor's Email Address].

Sincerely,

Dr. [Insert Doctor's Name]
License Number: [Insert License Number]
[Clinic/Hospital Name]
[Address]
[City, State, ZIP]
[Phone Number]