

Medical Certification

Date: [Date]

To Whom It May Concern,

This is to certify that [Patient's Name], has been under my care for a medical condition requiring them to miss school.

Due to [brief description of the medical condition], it is recommended that [Patient's Name] be excused from attending school from [Start Date] to [End Date].

They are advised to return to school on [Return Date], and should be able to fully participate in all scheduled activities thereafter.

Please feel free to contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician's Name]

[Physician's Qualifications]

[Medical Practice Name]

[Address]

[Phone Number]