

# Medical Leave Declaration for Chronic Illness Management

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

Dear [Recipient's Name],

I am writing to formally declare my medical leave due to the management of my chronic illness. After consultation with my healthcare provider, it has become necessary for me to take time off to focus on my health and treatment.

I will be on leave starting from [Start Date] and expect to return on [End Date]. I will ensure all my responsibilities are delegated and will remain accessible via email for urgent matters during my absence.

Thank you for your understanding and support in this matter. Please let me know if you require any further documentation or information.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]