

# Application for Medical Leave Certificate

Date: [Insert Date]

To,  
The Principal,  
[School/College/Institution Name],  
[Address]

Respected Sir/Madam,

I am writing to formally request a medical leave certificate as I have been unable to attend classes from [Start Date] to [End Date] due to [brief description of illness].

I have consulted with my doctor, who has recommended rest and treatment during this period. I have attached the necessary medical documents for your reference.

Kindly grant me a medical leave certificate for the dates mentioned above. I assure you that I will catch up with the missed coursework upon my return.

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Class/Year]  
[Your Roll Number]  
[Contact Information]