

Medical Absence Certification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to certify that [Patient's Name], who was under my care, was unable to attend [school/work] due to medical reasons. The absence occurred from [Start Date] to [End Date].

[Patient's Name] was diagnosed with [Diagnosis] and required time off for treatment and recovery. I recommend that [he/she/they] refrain from attending [school/work] until [Date of Return].

If you have any questions or require further information, please feel free to contact my office at [Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Medical Title]

[Medical Facility Name]

[Contact Information]