

Request for Medical Leave Certificate

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Company/Institution Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a medical leave certificate for my recent illness. I was unable to attend work from [start date] to [end date] due to [brief description of illness].

I kindly ask you to provide me with a medical leave certificate for this period as it is necessary for my records and for compliance with company policy.

Thank you for your understanding and support. I look forward to your prompt response.

Sincerely,

[Your Name]