

Medical Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Patient's Name], born on [Patient's Date of Birth], has been under my care for a medical condition. Due to this condition, I have advised [him/her/them] to take medical leave starting from [Start Date] to [End Date].

It is recommended that [Patient's Name] refrains from work during this period to ensure proper recovery.

If you need further information, please feel free to contact my office at [Office Phone Number].

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Medical License Number]

[Doctor's Office Name]

[Doctor's Office Address]

[Doctor's Office Phone Number]

[Doctor's Office Email]