

Medical Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Patient's Name], [Patient's Age], is under my care for a medical condition that requires an extended period of recovery. Due to the nature of their illness/use of treatment, it is advised that they refrain from participating in work activities.

[Patient's Name] is expected to be on medical leave from [Start Date] to [End Date]. Please extend any necessary accommodations during this time to support their recovery.

If you have any questions regarding this matter, please feel free to contact my office at [Your Office Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice Name]

[Your Contact Information]