

# Medical Leave Certification

**Date:** [Today's Date]

**To Whom It May Concern,**

This is to certify that [Employee's Name] has been under my care for a family medical emergency. Due to this situation, it is necessary for them to take a medical leave of absence from work.

[Employee's Name] will require leave starting from [Start Date] and is expected to return to work on [Expected Return Date].

Please feel free to contact my office at [Doctor's Phone Number] for any further information regarding this matter.

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Medical Practice/Facility Name]

[Address]

[Phone Number]