

Medical Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This is to certify that [Employee's Name], holding the position of [Employee's Position] at [Company Name], has been under my care for a medical condition and is unable to work from [Start Date] to [End Date].

During this time, it is advised that [he/she/they] refrain from any work-related duties to ensure proper recovery.

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

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Facility Name]

[Contact Information]