

# Medical Leave Certification

Date: \_\_\_\_\_

To Whom It May Concern,

This is to certify that **[Student's Full Name]**, who is a student of **[School Name]**, has been under my care from **[Start Date]** to **[End Date]** due to a medical condition.

During this period, **[he/she/they]** was advised to refrain from attending school to ensure proper recovery.

As of **[Return Date]**, **[he/she/they]** is cleared to return to school and is fit to resume normal activities.

If you have any questions or require further information, please feel free to contact my office at **[Doctor's Phone Number]**.

Sincerely,

**[Doctor's Name]**

**[Medical Practice/Institution Name]**

**[Doctor's Signature]**

**[License Number]**