

Medical Leave Certification

Date: [Insert Date]

To Whom It May Concern,

I, Dr. [Physician's Name], am writing to certify that my patient, [Patient's Name], has been under my care and requires medical leave due to [brief description of medical condition].

[Patient's Name] is unable to perform their work duties from [start date] to [end date]. It is necessary for their health and recovery that they refrain from work during this period.

This leave is essential for [Patient's Name]'s recovery, and I recommend that they adhere to this medical leave without engaging in work-related activities during this time.

If you have any questions or require further information, please do not hesitate to contact me at [Physician's Phone Number] or [Physician's Email Address].

Thank you for your understanding.

Sincerely,

[Physician's Signature]

[Physician's Name]

[Medical Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]