

Medical Leave Certification

Date: _____

To Whom It May Concern,

This letter serves as a medical certification for **[Patient's Name]**, who has been under my care for travel-related health issues. Due to their condition, I recommend that they refrain from travel for a period of **[number of days or specific dates]**.

Details of the condition include:

- **Diagnosis:** [Specific health issue]
- **Recommended rest period:** [Start date] to [End date]

If you require any further information regarding this case, please do not hesitate to contact my office at **[Doctor's Contact Information]**.

Thank you for your understanding.

Sincerely,

[Doctor's Name]

[Medical Practice Name]

[Address]

[Phone Number]