

Medical Leave Certification

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Employee Name] is under my care and has been diagnosed with [medical condition]. Due to this condition, I recommend that [he/she/they] take a medical leave of absence from [start date] to [end date].

During this period, [he/she/they] may require specific workplace accommodations upon [his/her/their] return. These accommodations may include:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

If you have any questions or require further information, please feel free to contact my office at [Phone Number] or [Email Address].

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Practice Name]

[Medical Practice Address]

[Contact Information]