

[Your Name]
[Your Title/Position]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Medical Certificate for [Patient's Name]

I hereby certify that I have examined [Patient's Name], aged [Patient's Age], on [Date]. The examination findings are as follows:

[Provide a brief description of the medical condition, diagnosis, and relevant treatment details.]

Based on my assessment, it is my professional opinion that [Patient's Name] requires [specific instructions, e.g., time off work, special accommodations] from [Start Date] to [End Date].

This certificate is issued upon the request of [Patient's Name] for [specific purpose, e.g., employer, school, etc.].

Please do not hesitate to contact me at [Phone Number/Email Address] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Medical License Number]
[Your Specialty]