

[Your Name]
[Your Address]
[City, State, Zip]
[Email Address]
[Phone Number]
[Date]

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

Dear [Recipient's Name],

Subject: Medical Certificate

This is to certify that [Patient's Name], aged [Patient's Age], has been under my care from [Start Date] to [End Date]. During this period, [he/she/they] was diagnosed with [Medical Condition].

Due to this condition, [he/she/they] was advised to refrain from [specific activities, work, or school] during this time to ensure proper recovery. [He/She/They] is now fit to resume normal activities as of [Date].

Please feel free to contact me should you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Qualifications/Title]
[Medical Practice/Organization Name]
[Contact Information]