

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

[Recipient Name]
[Recipient Title/Position]
[Organization/Company Name]
[Address]
[City, State, ZIP Code]

Subject: Medical Certificate

Dear [Recipient Name],

This is to certify that [Patient's Name], [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] and required medical attention.

Due to [his/her/their] condition, [he/she/they] is advised to [recommendation, e.g., rest, follow up, avoid certain activities] for a period of [duration].

If you require any further information or clarification, please do not hesitate to contact me.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Medical Title]

[Your Medical Facility/Practice Name]

[Medical License Number]

[Contact Information]