

**\*\*Medical Certificate Template\*\***

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Position]

[Company/Organization Name]

[Company Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

**\*\*Subject: Medical Certificate for [Patient's Name]\*\***

This is to certify that [Patient's Name], [Age] years old, has been examined by me on [Date of Examination]. Based on my assessment, [he/she/they] is experiencing [brief description of medical condition], which necessitates a period of rest and recovery.

I recommend that [Patient's Name] refrain from [specific activities/jobs/school] for [duration of unfitness]. [He/She/They] is expected to resume normal activities on [Date of Return].

If you require any further information, please do not hesitate to contact me at [Your Contact Information].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Medical Qualifications]

[Your Medical Practice/Organization Name]

[Medical License Number]