

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

[Recipient's Name]
[Recipient's Position]
[Recipient's Organization]
[Organization's Address]
[City, State, Zip Code]

Subject: Medical Certificate

Dear [Recipient's Name],

I am writing to provide a medical certificate for [Patient's Name], who has been under my care for [duration of treatment or observation].

[Patient's Name] was examined on [date of examination] and was diagnosed with [specific condition or reason for absence]. Due to this condition, it is advised that [he/she/they] refrain from attending [school/work] from [start date] to [end date].

Please feel free to contact my office at [phone number] or [email address] should you require any further information.

Thank you for your understanding.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Qualifications]
[Your Medical License Number]
[Your Practice Name]
[Practice Address]