

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Organization]  
[Organization's Address]  
[City, State, ZIP Code]  
Subject: Medical Certificate  
Dear [Recipient's Name],  
I, [Doctor's Name], [Qualifications], hereby certify that [Patient's Name], [Patient's Age], has been under my care since [Date] and was diagnosed with [Condition]. Due to this condition, it is advised that the patient refrain from [specific activities or work] for a period of [number of days/weeks], commencing from [start date] to [end date]. Please feel free to contact my office should you require any further information.  
Sincerely,  
[Doctor's Signature]  
[Doctor's Name]  
[Medical License Number]  
[Clinic/Hospital Name]  
[Clinic/Hospital Address]  
[City, State, ZIP Code]  
[Contact Number]