

[Your Name]
[Your Title/Position]
[Your Institution/Organization Name]
[Address]
[City, State, ZIP Code]
[Phone Number]
[Email Address]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Recipient's Institution/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: Medical Certificate

To Whom It May Concern,

This is to certify that [Patient's Name], [Age, if relevant], has been under my care since [Start Date of Treatment]. After a thorough examination, I find that [he/she/they] is suffering from [Brief Description of Condition] and requires [specific recommendations, e.g., rest, treatment, etc.].

The patient should refrain from [specific activities, if applicable] until [Date of Return].

Please feel free to contact my office for any further information.

Sincerely,

[Your Signature (if printed)]
[Your Printed Name]
[Your Medical License Number]
[Your Specialty, if applicable]