

General Medical Certificate Letter

Subject: Medical Certificate for [Patient Name]

Dear [Recipient Name],

This is to certify that [Patient Name] was examined and treated at [Clinic/Hospital Name] on [Date].

Based on the examination, it is confirmed that [he/she] was unfit to attend work/school from [Start Date] to [End Date] due to [medical condition].

Please accept this certificate as evidence of [Patient Name]'s medical condition.

Sincerely,

[Doctor Name]

[Medical Practice / Hospital Name]

[Contact Information]

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