

Standard Medical Leave of Absence Letter from Doctor

Subject: Medical Leave of Absence for [Patient Name]

Dear [Employer/School Name],

This is to certify that [Patient Name] has been under my medical care and requires a leave of absence from [Start Date] to [End Date] due to health reasons. During this period, [he/she/they] should refrain from work/school activities to ensure proper recovery.

Please feel free to contact me for any verification or additional information.

Sincerely,

[Doctor Name]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]

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