

Medical Certification for Short-Term Absence

To whom it may concern,

This is to certify that the individual named below was examined at our clinic/hospital and is advised to take a short-term absence from work/school.

Name of Patient:

Date of Birth:

Start Date of Absence:

End Date of Absence:

Reason for Absence:

Attending Physician:

Date Issued:

This certificate is issued upon the request of the patient for whatever legal purpose it may serve.

Physician's Signature: