

Heading:

- Medical Certificate for Sick Leave

Patient Information:

- Patient Name: [Full Name]
- Date of Birth: [Date of Birth]
- Address: [Patient Address]

Issuing Doctor Information:

- Name of Doctor: Dr. [Doctor's Full Name]
- Designation: [Doctor's Designation]
- Registration Number: [Doctor's Registration Number]
- Clinic Address: [Clinic Address]
- Phone Number: [Clinic Phone Number] (Optional)

Date of Examination: [Date of Examination]

Diagnosis:

- [State the patient's diagnosis in clear and concise terms, but avoid overly technical language.]

Restrictions and Recommendations:

- I have advised [Patient Name] to [briefly describe any restrictions on activity due to illness, e.g., avoid strenuous activity, stay home from work/school].
- [Optional: Include any recommendations for medication, follow-up appointments, etc.]

Sick Leave:

- Based on the patient's condition, I recommend a leave of absence from work/school for [number] days, from [start date] to [end date].

Confidentiality:

- This information is provided for the sole purpose of sick leave and will be kept confidential.

Signature:

- Dr. [Doctor's Name]
- Signature & Stamp

