



# Proof of Medical Condition

Confirm a medical condition to justify sick leaves, flexible work arrangements, or similar accommodations.

## Vital Point Health Center

### Medical Certificate

<b>Date of Issuance:</b>	January 30, 2030
<b>Patient Name:</b>	Patient name here
<b>Physician:</b>	Physician name here
<b>Confirmed Diagnosis:</b>	Diagnosis here

To whom it may concern,

This is to confirm that [**patient name here**] has been evaluated at our clinic and is currently being treated for [**diagnosis here**].

The condition may temporarily impair the patient's ability to perform regular work duties. As such, it's recommended that the patient take medical leave from [**start date here**] to [**end date here**] to allow for rest and recovery.

This statement is provided upon the patient's request for documentation purposes and with their consent.

*Physician signature here*

**Physician name here**

**Date:** Date here

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