



Proof of Medical Condition

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

Vital Point Health Center

Medical Certificate

Date of Issuance:	January 30, 2030
Patient Name:	Patient name here
Physician:	Physician name here
Confirmed Diagnosis:	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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