**Doctor’s Sick Note Template**

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| [Doctor’s Full Name]  [Doctor's Medical Registration Number]  [Doctor’s Contact Details]  **Date:** [Date]  **To:** [Recipient’s Full Name]  [Recipient's Position or Relation to Patient]  [Recipient's Contact Details]  **Subject:** Medical Certification of Illness  Dear [Recipient’s First Name],  I am writing this letter to confirm that my patient, [Patient's Full Name], has been under my care since [Start Date of Treatment]. | |
| Please find below the necessary medical details: | |
| **Patient Information:** | |
| **Full Name:** | [First Name][Last Name] |
| **Date of Birth:** | [MM/DD/YYYY] |
| **Gender:** | [Male/Female/Other] |
| **Contact Details:** | [Patient's Contact Information] |
| **Medical Insurance (If any):** | [Medical Insurance Details] |
| **Medical Condition:** | |
| **Diagnosis:** | [Diagnosis of Illness/Injury] |
| **Description of Illness/Injury:** | [Detailed Description of Patient's Condition] |
| **Treatment Plan:** | [Proposed Treatment Plan, Including Medication, Therapies, Surgery, etc.] |
| **Start Date of Illness/Injury:** | [MM/DD/YYYY] |
| **Estimated Duration of Illness/Injury:** | [Estimated Recovery Time in Days/Weeks/Months] |
| **Medical Restrictions:** | |
| **Work/School Restrictions:** | [Any Restrictions on Work/School Activities] |
| **Physical Activity Restrictions:** | [Any Restrictions on Physical Activities] |
| **Dietary Restrictions:** | [Any Restrictions or Changes to Diet] |
| In consideration of the above medical condition, it is necessary for [Patient's Full Name] to take a leave of absence from [work/school/other activities] starting from [Start Date of Leave] and expected to continue until [End Date of Leave].  During this period, it is crucial for the patient to focus on recovery and follow the prescribed treatment plan. Regular check-ups and monitoring of the patient's condition have been scheduled and any changes will be communicated accordingly.  I appreciate your understanding and cooperation in this matter. If you need any further information or clarification regarding this certification, please feel free to contact me at the provided details. | |
| Your Sincerely,  [Doctor’s Signature]  [Doctor’s Full Name]  [Doctor’s Designation] | |