

SICK LEAVE CERTIFICATE

PATIENT INFORMATION

Name: John Doe
Date of Birth: 05/15/1980
Patient ID: P-1001
Gender: Male
Address: 123 Main Street, Anytown, CA 12345

CERTIFICATE DETAILS

Certificate Number: SLC-2023-7890
Date of Issue: April 5, 2023

MEDICAL CERTIFICATION

This is to certify that the above-named patient was examined by me on April 5, 2023
and found to be suffering from:

Diagnosis: Acute Viral Upper Respiratory Infection

The patient is advised to refrain from work/school for a period of:
7 \$seven\$ days

From: April 5, 2023
To: April 12, 2023 \$inclusive\$

RECOMMENDATIONS

1. Rest and adequate hydration
2. Complete the prescribed medication
3. Avoid strenuous activities during the recovery period
4. Follow-up visit if symptoms persist beyond the sick leave period

PHYSICIAN INFORMATION

Name: Dr. Sarah Johnson, MD
License Number: MD12345
Medical Center: Cityview Medical Center
Contact: \$555\$ 123-4567

*Electronically signed by: Dr. Sarah Johnson
Date: April 5, 2023*