

# Medical Leave Certificate

Patient Name: dinshaw  
Email: hoqoz@mailinator.com  
Gender: male  
Age: 45  
Blood Type: A+  
Doctor: N/A  
Admission Date: 2025-03-16  
Discharge Date: 2025-03-17

This is to certify that dinshaw was admitted from 2025-03-16 to 2025-03-17 and requires medical leave.

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Doctor's Signature