

# Medical Leave Certificate

Patient Name: Patient 101  
Email: patient101@gmail.com  
Gender: male  
Age: 21  
Blood Type: O+  
Doctor: N/A  
Admission Date: 2025-04-17  
Discharge Date: 2025-04-19

This is to certify that Patient 101 was admitted from 2025-04-17 to 2025-04-19 and requires medical leave.

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Doctor's Signature