

[Doctor's Name/Medical Facility Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

To: [Employer Name/HR Department]  
[Company Name]  
[Company Address]

**Subject: Medical Authorization for Workplace Absence**

To Whom It May Concern,

Please accept this letter as formal medical authorization for [Employee Full Name] regarding their absence from work.

[Employee Full Name] has been under my professional care from [Start Date] to [End Date]. Due to medical reasons, it was necessary for the patient to be absent from work during this period.

The patient is cleared to return to work on [Return Date].

[Optional: Please note the following workplace restrictions or accommodations: Enter Restrictions/None].

If you require any further verification, please contact my office directly.

Sincerely,

[Signature]  
[Printed Name of Physician]  
[Medical License Number]