

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

[Date]

To Whom It May Concern,

Please accept this letter as formal medical documentation for [Patient Name].

The patient was under my care from [Start Date] to [End Date] due to a gastrointestinal illness. During this period, the patient was unable to attend [Work/School] due to symptoms and the risk of dehydration.

The patient has since recovered and is cleared to return to their normal duties on [Return Date].

Work/School Restrictions:

[Select one: No restrictions / Light duties only / Frequent bathroom breaks allowed] for the next [Number] days.

If you require further information, please contact my office.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]