# Medical Certificate from Doctor to Patient

Patient's Name: Alice Johnson

Date of Birth: February 15, 1990

Address: 789 Oak Avenue, Metropolis, NY, 10101

#### **Medical Practitioner:**

Name: Dr. Robert Brown

Medical License Number: 987654321

Contact Information: (555) 987-6543

Clinic/Hospital Name: Metropolis Health Center Address: 321 Pine Street, Metropolis, NY, 10101

Date of Examination: July 7, 2024

#### **Medical Condition:**

Alice Johnson has been diagnosed with chronic asthma, which requires the use of a nebulizer and regular medication to manage her symptoms.

#### Recommendation:

Due to the medical condition described above, it is recommended that Alice Johnson refrain from any strenuous activities and avoid exposure to environments that could trigger her asthma. She requires continuous medical care and the use of prescribed medical equipment.

#### **Duration of Leave:**

It is recommended that Alice Johnson takes medical leave from her workplace starting from July 7, 2024, to August 7, 2024, to ensure proper rest and recovery.

### **Additional Notes:**

Please ensure that Alice Johnson has access to a stable and uninterrupted electric supply for her medical equipment.

## Signature and Stamp:

Dr. Robert Brown

**Date:** July 7, 2024