

# Medical Reports For Leave

**Patient Name:** John Doe

**Date of Birth:** MM/DD/YYYY

**Date of Examination:** MM/DD/YYYY

**Physician:** Dr. Jane Smith, MD

**Specialty:** General Medicine

**Contact Information:** [Physician's Contact Information]

## Introduction:

This medical report is prepared for John Doe following a comprehensive medical examination and evaluation on [Date of Examination]. The purpose of this report is to document Mr. Doe's current health status and provide a professional medical opinion regarding his ability to perform work duties.

## Medical History:

Mr. Doe has a history of asthma, which he has managed with medication and lifestyle adjustments. He has no known allergies. His last physical examination was conducted on [Last Physical Exam Date], with no significant health issues reported at that time.

## Presenting Symptoms:

Mr. Doe presented with symptoms indicative of acute bronchitis, including persistent cough, wheezing, shortness of breath, and fatigue. These symptoms have been present for approximately [Number of Days] days prior to the examination.

## Diagnostic Tests Conducted:

1. **Chest X-Ray:** To rule out pneumonia, which showed no signs of lung infection.
2. **Pulmonary Function Test:** Indicating decreased lung capacity, consistent with acute bronchitis in the context of underlying asthma.

3. **Blood Tests:** Including a complete blood count (CBC), which showed elevated white blood cells, indicative of an ongoing inflammatory process.

**Diagnosis:**

Based on the clinical examination, history, and diagnostic tests, the diagnosis is acute bronchitis superimposed on chronic asthma.

**Treatment Plan:**

1. **Medication:** Prescribed a course of antibiotics to address any bacterial infection, along with a corticosteroid inhaler to reduce inflammation and bronchodilators to improve breathing.
2. **Rest:** Recommended significant rest to facilitate recovery.
3. **Follow-up:** Scheduled a follow-up appointment in [Number of Weeks] weeks to reassess lung function and overall health status.

**Medical Opinion for Work Leave:**

Given Mr. Doe's current respiratory condition and the physical demands of his job, it is medically advisable for him to refrain from work and focus on recovery. I recommend a medical leave of absence for a period of [Number of Weeks] weeks, during which time he should avoid exposure to irritants, continue with the prescribed treatment, and rest adequately.

**Conclusion:**

Mr. Doe's health condition necessitates a temporary leave from work to allow for a full recovery. Returning to work prematurely may exacerbate his condition and delay the recovery process. I am available to provide further information or clarification as needed.

**Physician's Signature:**

[Physician's Signature]

[Date]