**Letter from Doctor Confirming Illness**

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**[City Medical Center Letterhead]**

**September 26, 2024**

**To Whom It May Concern,**

I am writing to verify the medical condition of my patient, Jane Doe, who has been under my care since January 15, 2024. Based on a comprehensive evaluation and diagnostic tests conducted at our facility, I can confirm that Jane Doe has been diagnosed with Chronic Fatigue Syndrome. This condition is characterized by persistent fatigue that does not improve with rest and severely impairs daily functioning.

Due to the nature of this illness, it is necessary for Jane Doe to undergo continuous treatment and periodic evaluations to manage the symptoms effectively. It is my medical opinion that this condition will render her unable to fulfill her duties as a software developer for an estimated period of at least six months.

Please find attached detailed medical records and test results that substantiate this diagnosis. We are committed to providing the necessary medical care and support required to manage this condition. If further information is needed, please feel free to contact my office at (555) 123-4567.

Thank you for your attention to this matter.

Sincerely,

**[Signature]**

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