

# Medical Certificate

(For Employee Sick Leave)

**Employee Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Position/Department:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date of Consultation:** \_\_\_\_\_

**Expected Period of Absence:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Absence:**

\_\_\_\_\_

**Additional Comments:**

\_\_\_\_\_

Physician's Signature

\_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Medical License No.:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_