

Medical Statement for Work Absence

This **medical statement template** provides a professional format for documenting work absences due to health reasons. It ensures clear communication between healthcare providers and employers regarding the employee's condition and necessary leave duration. Using this template helps streamline the approval process and maintain accurate workplace records.

Employee Information

Full Name: _____

Employee ID/Number: _____

Department/Position: _____

Medical Information

Date Examined: _____

Medical Condition (optional): _____

Recommended Absence Dates: From _____ To _____

Doctor's Comments: _____

Physician Information

Physician Name: _____

Facility/Clinic: _____

Contact Number: _____

Physician Signature: _____ **Date:** _____

Note: This document contains confidential medical information intended solely for workplace absence verification.