MEDICAL CERTIFICATE

In the event of illness of a
CLOSE RELATIVE

I, the undersigned, Doctor .................................................................................................................................

Certify that ☐ Mr ☐ Ms ☐ child ................................................................. (full name)

☐ is suffering from an illness

☐ has undergone emergency treatment

☐ has been hospitalised

Their condition requires the presence of:

☐ the father/ mother ☐ the son/ daughter ☐ the husband/ wife ☐ the brother/ sister ☐ the brother/ sister-in-law

........................................................................................................................................................................ (full name):

☐ for the morning ..............................................................(date)

☐ for the afternoon ............................................................(date)

☐ for the whole day .........................................................(date)

☐ for .......... days, from .................................................(date) to ......................................................(date)

........................................................................................................ (town)

.................................................................................................. (date)

Doctor’s signature and official stamp: