

Sample letter to support leave of absence for health reasons

PLEASE NOTE: This must be typed on health care provider's office letterhead stationery

CONFIDENTIAL

Date: _____

Dr. Kevin Charles
Assistant VP/Executive Director
UNH Health & Wellness
4 Pettee Brook Lane
Durham, NH 03824

Dear Dr. Charles,

I am writing in support of a leave of absence for health reasons for

Name

DOB

from the University of New Hampshire for the _____ semester because of a

diagnosis of _____.

I have seen this patient for this condition on the following dates (please list): _____

_____.

and I verify and support this health condition as the reason for his/her need to take a leave of absence for health reasons from UNH at this time.

Sincerely,

[Signature]

Physician/Therapists name/credentials

Mail to the address above or fax to 603-862-4259