

**Phone No.:** 123-678-XXXX

**HOSPITAL NAME**

**Email:** hospital@email.com

**DOCTOR’S NOTE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name: |  |  |  | Gender: |  |
|  |  |  |  | Age: |  |

**TO WHOM IT MAY CONCERN**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been under my medical care for \_\_\_\_\_\_\_\_\_ days. Due to his/her condition, he/she is advised to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a duration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Patient is cleared to return to college on \_\_\_\_\_\_\_\_\_\_\_\_.

If you need any additional information or clarification, please do not hesitate to contact us at the hospital number.

Sincerely,

Medical License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_

**Website:** www.hospitalname.com

**Address:** 123 Any Street, New York, USA

**DOCTOR’S NOTE**

Hospital Name

Phone No.: 123-678-XXXX

Email: hospital@email.com

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Patient Name: |  |  |  | Gender: |  |
|  |  |  |  | Age: |  |

**TO WHOM IT MAY CONCERN**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been under my medical care for \_\_\_\_\_\_\_\_\_ days. Due to his/her condition, he/she is advised to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a duration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Patient is cleared to return to college on \_\_\_\_\_\_\_\_\_\_\_\_.

If you need any additional information or clarification, please do not hesitate to contact us at the hospital number.

Sincerely,

Medical License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Doctor’s Sign]

Date: \_\_/\_\_/\_\_\_\_

Address: 123 Any Street, New York, USA

Website: www.hospitalname.com