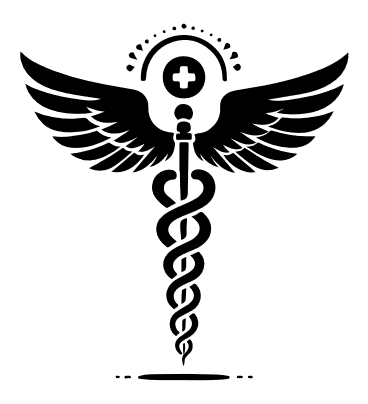
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123 Any Street, New York, USA

123-786-XXXX

**Hospital Name**

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| --- | --- | --- | --- | --- |
| **Certificate Of Medical Consultation** | | | | |
|  | | | | |
| Patient Name: | |  | | |
|  |  | | | |
| Arrival Date & Time: | |  | Discharge Date & Time: |  |

The patient was under my care on \_\_/\_\_/\_\_\_\_. Due to a physical illness, he/she is currently advised against any travel, as it may hinder recovery. Consequently, he/she will be able to return to remote work on \_\_/\_\_/\_\_\_\_.

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| **Physician Comments** |
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| --- | --- | --- |
|  |  |  |
| Physician Name |  | Physician Signature |

www.hospitalname.com

hospital@email.com

**Doctor’s Note**

123-786-XXXX

Hospital Name

hospital@email.com

123 Any Street, New York, USA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Of Medical Consultation** | | | | |
|  | | | | |
| Patient Name: | |  | | |
|  |  | | | |
| Arrival Date & Time: | |  | Discharge Date & Time: |  |

The patient was under my care on \_\_/\_\_/\_\_\_\_. Due to a physical illness, he/she is currently advised against any travel, as it may hinder recovery. Consequently, he/she will be able to return to remote work on \_\_/\_\_/\_\_\_\_.

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| **Physician Comments** |
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| --- | --- | --- |
|  |  |  |
| Physician Name |  | Physician Signature |