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**HOSPITAL NAME**

Hospital Email

Website

Hospital Address

Contact Number

**DOCTOR’S NOTE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Time: |  |

**TO WHOM IT MAY CONCERN**

Please excuse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from work \_\_/\_\_/\_\_\_\_ until \_\_/\_\_/\_\_\_\_. After a thorough examination, I have diagnosed him/her with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and he/she requires rest to facilitate recovery. Based on his/her medical condition, I recommend that he/she be permitted to work remotely instead of performing onsite duties. During this period, I advise that the workload be limited to allow for adequate rest and healing.

This balanced approach will effectively support his/her recovery process while enabling him/her to continue fulfilling professional responsibilities without compromising health or the quality of work.

Regards,

[Doctor’s name]

**DOCTOR’S NOTE**

**HOSPITAL NAME**

Address

Contact No.

Email Address

Website

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  | Time: |  |

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This balanced approach will effectively support his/her recovery process while enabling him/her to continue fulfilling professional responsibilities without compromising health or the quality of work.

Regards,

[Doctor’s name] [Doctor’s Sign]