

**Clinic Address**

**Contact No.**

**CLINIC NAME**

**TO WHOM IT MAY CONCERN**

Please excuse, Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** |  | **DUE TO** |  |
| [ ]  Work | [ ]  Injury |
| [ ]  School | [ ]  Illness |
| [ ]  Other: |  |  | [ ]  Other: |  |

|  |  |
| --- | --- |
| **FOR THE FOLLOWING DATES** |  |
| From \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_ |  |

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| --- | --- |
| **DOCTOR COMMENTS** |  |
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| --- | --- | --- |
|  |  |  |
| Doctor’s Signature |  | Doctor Name |
|  |  |  |
| Date |  |  |

**CLINIC NAME**

**Clinic Address**

**Contact No.**

**DOCTOR’S NOTE**

**TO WHOM IT MAY CONCERN**

Please excuse, Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** |  | **DUE TO** |  |
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| [ ]  Other: |  |  | [ ]  Other: |  |

|  |  |
| --- | --- |
| **FOR THE FOLLOWING DATES** |  |
| From \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_ |  |

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| **DOCTOR COMMENTS** |  |
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| --- | --- | --- |
|  |  |  |
| Doctor’s Signature |  | Doctor Name |
|  |  |  |
| Date |  |  |