

**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 \_\_/\_\_/\_\_\_\_ | |  |

|  |  |
| --- | --- |
| **DOCTOR COMMENTS** |  |
|  | |
|  | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| 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** |  |
| Work | | | | Injury | |
| School | | | | Illness | |
| Other: | |  |  | Other: |  |

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

|  |  |
| --- | --- |
| **DOCTOR COMMENTS** |  |
|  | |
|  | |
|  | |
|  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Doctor’s Signature |  | Doctor Name |
|  |  |  |
| Date |  |  |