

**Sample Doctor Note**

Thank You,

For the Following Dates

To

|  |  |  |  |
| --- | --- | --- | --- |
| Due To: | |  |  |
|  | Injury: | |  |
|  | Illness: | |  |
|  | Other: | |  |

|  |  |  |
| --- | --- | --- |
| From: |  |  |
|  | School: |  |
|  | Work: |  |
|  | Other: |  |

Please Excuse:

Date:

[Doctor Name]

[Clinic Address]

[Email]

[Phone Number]