## **DOCTOR’S NOTE FOR GYM**

## **[Doctor/clinic name]**

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| **Date:** |
| **Time:** |
| **Name:** |
| **Address:** |
| **Gender:** |
| **Age:** |

This is a confirmation that **[patients name]** is unable to attend gym sessions for a year due to spinal injury. I this respect request you to deregister them from the gym and refund their subscription. For more details, please contact me.

**Kindly excuse the named person from:**

**due to:**

* Illness
* Injury
* Other

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| --- |
| **Doctor’s Name:** |
| **Doctor’s Signature:** |