## **DOCTOR’S NOTE FOR A CHILD**

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| **Doctor’s/clinics:** | |
| **Patient Name:** | |
| **Patient’s Gender:** | |
| **Patient’s Age:** | |
| **Address:** | |
|  | |
| **Date:** | **Time:** |

This note is to confirm that [child’s name], she is suffering from tuberculosis, and I recommend you allow her to discontinue classes for two months. This is an infectious disease that can spread to other children. I have issued the right medication and other guidelines. I thank you for cooperating with me.

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