**DOCTOR EXCUSE FORM**

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| **Date:** | **Time:** |
| **Physician:** | **Title:** |
| **Age:** | |
| **Gender:** | |
| **Address:** | |
|  | |
| **Medical facility:** | |

**Certificate for school or work:**

Samuel A. Goodwin \_\_\_\_\_\_\_\_\_ was under my care on **[Date]**

he/she will be able to return to school/work on **[Date]**

**Doctor’s Comments:**

Apply Rx Nystatin Cream to lesions every 4 to 6 hours.  Keep from scratching or other irritations.  Also, keep areas well cleaned to prevent from spreading.  Will see Samuel for follow-up appointment in one week on February 6, 20XX at 10:30 a.m.

If any questions or condition worsens contact doctor immediately.

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