**DOCTOR’S NOTE**

|  |
| --- |
| **Doctor’s Name:** |
| **Address:** |
|  |
| **City, State, Zip Code:**  |
| **Phone Number:** |

**[Date]**

Please Excuse Mr/Ms. For *[Explain the reason of absence]*

**From:**

* Work
* Other

**Due To:**

* Injury
* Illness
* Other

**For the following dates:** *[Mention date]*

**[Signature]**