**DOCTOR NOTE**

**[Doctor’s Name]**

**[Address]**

**[City, State Zip Code]**

**[Phone Number]**

**[Date]**

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

**From:**

* Work
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Due To:**

* Injury
* Illness
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Thank You,**