**MEDICAL ABSENSE REPORT**

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| **First Name** |
| **Last Name** |
| **Middle Initial** |
| **Date of Visit** |
| **Physician’s Name** |
| **Dept** |
| **Current Date** |
| **Date of Patient Departure** |

**Dear Educational Instructor / Employer / Caretaker:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been inspected in our hospital and was under our care on \_\_\_\_\_\_\_\_\_\_\_\_, 20XX. He / she shall return on \_\_\_\_\_\_\_\_\_\_\_\_, 20XX, but must stay put under our close medical supervision until his / her upcoming appointment, which is scheduled on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20XX.

Sincerely,