DOCTOR'S NOTE

|  |  |
| --- | --- |
| [DATE] | [TIME] |
| [AGE] | [GENDER] |
| [ADDRESS] | |
| [DOCTOR'S NAME] | |
| [MEDICAL FACILITY] | [TILL] |

Statement Of Incapacity:

I have examined  [PATIENT'S NAME] and determined that they are currently unable to attend work/school due to [DIAGNOSIS/MEDICAL CONDITION]. They require rest and recuperation to fully recover and are therefore excused from attending work/ school for [SPECIFIC PERIOD OF ABSENCE].

Diagnosis:

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| [DOCTOR'S SIGNATURE] |

The purpose of this is to provide the patient with the necessary information that they need to give to their employer/school to confirm that an absence from work/ class is for medical reasons.