

Medical Excuse Slip



[Doctor's Name]

[Address]

[City, State Zip Code]

[Phone Number]

Date: ____/____/____

Please Excuse: _____

From:

☐ Work

☐ Other _____

Due To:

☐ Injury

☐ Illness

☐ Other _____

For the following dates:

____/____/____ - ____/____/____

Thank You,