

# DOCTOR'S NOTES FOR WORK

Date : \_\_\_\_\_

Doctor's Name: Dr. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Please Excuse:

From:

☐ \_\_\_\_\_ Work

☐ \_\_\_\_\_ Other

Due To:

☐ \_\_\_\_\_ Injury

☐ \_\_\_\_\_ Illness

☐ \_\_\_\_\_ Other \_\_\_\_\_

For the following dates:

\_\_\_\_\_ to \_\_\_\_\_

Regard,