



Doctor's Excuse for Work

Date: _____

Patient Name: _____

Age: _____

Gender: _____

To whom it may concern.

Kindly allow _____ to rest and be excused work for ____ days.
This patient has a medical condition listed below with the suggested treatment.

Diagnosis: _____

Treatments: _____

Will take anti-bacterial drugs for ____ days

Drink a lot of fluids

Voice rest

Take vitamin C

Eat fruits

Will take paracetamol for fever

Signature:

