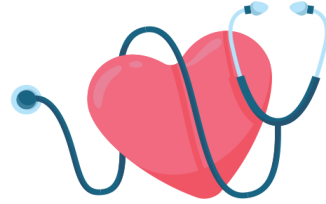


**Work / School  
Medical Excuse**



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

To Whom It May Concern:

Please be advised that \_\_\_\_\_ was seen in my office on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ is able to return to work/school on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Restrictions/Limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

If you have any questions regarding this patient please do not hesitate to contact my office.

\_\_\_\_\_  
Doctors Signature