**[Doctor’s Name]**

**[Address]**

**[City, State Zip Code]**

**[Phone Number]**

**DOCTOR EXCUSE SLIP**

Date:

This is to clarify that (has had) an appointment at

 o' clock.

 please excuse this absent.

 May return to work on .

 No P.E until released.

 May return to work without limitations.

Physicians Signature