**EXCUSE SLIP**

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

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/ had an

Appointment at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 0’ clock

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please excuse this absence.

\_\_\_\_\_\_\_\_\_\_\_\_ May return to work/ school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_No P.E. Until released.

\_\_\_\_\_\_\_\_\_\_\_\_ May return to Work / School without limitations.\

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Signature

CROSS TIMBERS COMMUNITY HEALTH CENTER

1100 WEST REYNOSA

SE LEON, TX 76444

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