

**Medical Excuse for Work**

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

Patient: \_\_\_\_\_

Under Care from: \_\_\_\_\_ to: \_\_\_\_\_

Return TO Work on: \_\_\_\_\_

Follow Up Appointment Schedule: \_\_\_\_\_ Time: \_\_\_\_\_ Am/Pm

Illness / Injury: \_\_\_\_\_

Comments:

Practitioner Signature: \_\_\_\_\_

(Hospital Logo)