

Doctor's Note

Date: _____

To Whom It May Concern,

This is to certify that **[Student's Name]**, a student at **[School Name]**, was examined and treated by me on **[Date of Visit]**. Due to [his/her] medical condition, [he/she] was unable to attend school from **[Start Date]** to **[End Date]**.

Please allow [him/her] to make up any missed assignments or tests.

If you have any further questions, please do not hesitate to contact my office.

Sincerely,

[Doctor's Name]

[Doctor's Signature]

[Medical Office Name]

[Contact Information]