

Medical Excuse Slip

[Doctor's Name]

[Address]

[City, State Zip Code]

[Phone Number]

Date: ___ / ___ / ___

Please Excuse: _____

From:

Work

Other _____

Due To:

Injury

Illness

Other _____

For the following dates:

___ / ___ / ___ - ___ / ___ / ___

Thank You,
