

*Blank Doctors Note for Appointment*

\_\_\_\_\_  
*Physician Name*

\_\_\_\_\_  
*Address of Clinic*

\_\_\_\_\_  
*Address of Clinic*

\_\_\_\_\_  
*Telephone*

**MEDICAL ABSENCE NOTE**

This note certifies that \_\_\_\_\_

Has an appointment in this clinic for a medical consultation on:

**Date** \_\_\_\_\_

**Time** \_\_\_\_\_

Please consider this timeframe to be excused from work or school for health purposes.

**Notes:**

Signature \_\_\_\_\_

Date \_\_\_\_\_