

# 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,

\_\_\_\_\_