

# 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,

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