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,