



**MEDICAL EXCUSE NOTE**

Date: \_\_\_\_\_

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

Has been/will be seen in this office for professional medical attention:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

We urge employers and schools to consider this an excused absence.

Additional Notes:

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_