



Date 7/19/2022

**Work/School Clearance Form**

To Whom This May Concern:

Patient's Name: Muhammad Saqveeb

Was Seen in Our Office on: July 7th and July 12, 2022

- ~~Please excuse from school / work from \_\_\_\_\_ to \_\_\_\_\_.~~
- ~~Is able to return to school/ work \_\_\_\_\_.~~
- ~~Is not contagious and can return to school on \_\_\_\_\_.~~
- ~~Is unable to participate in any physical activities until \_\_\_\_\_.~~

Comments/ Instructions

Patient was seen in our office on the  
dates above. Any questions or concerns  
please feel free to contact our office.

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

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