

# Doctor Excuse Slip

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

This is to clarify that \_\_\_\_\_ has/had an  
appointment at \_\_\_\_\_ o'clock.

\_\_\_\_\_ Please excuse this absent.

\_\_\_\_\_ May return to work on \_\_\_\_\_

\_\_\_\_\_ No. P.E. until released.

\_\_\_\_\_ May return to work without limitations.

\_\_\_\_\_  
Physicians Signature