

H. No. \_\_\_\_\_ Street Name \_\_\_\_\_  
City Name \_\_\_\_\_ PIN Code: \_\_\_\_\_  
Country \_\_\_\_\_ Ph. No: \_\_\_\_\_  
Email Id: \_\_\_\_\_

## 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

