

**Work/School  
Medical Excuse**

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

To Whom It May Concern:

Please be advised that \_\_\_\_\_ was seen in my office on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ is able to return to work/school on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Restrictions/Limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_