**A Sample Doctor’s Note for Work**

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| **Doctor’s Note**  |
|  | Address: | [Address] |
| City: | [City] |
| Name  | [Name] | Age | [Age] |
| Gender  | [Gender] | Date | [Date] |
| Note: Please excuse [Name] from the work on [Day] and [Day], [Number] days. It appears as though a serious case of [Diagnos] and is not yet been cured, I am prescribing [Number] days complete bed rest with plenty of intake of liquid and oil free food along with proper dosage of the prescribed medicines.Sincerely[Name][Signature] |

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| **Doctor’s Note**  |
|  | Address: | [Address] |
| City: | [City] |
| Name  | [Name] | Age | [Age] |
| Gender  | [Gender] | Date | [Date] |
| Note: Please excuse [Name] from the work on [Day] and [Day], [Number] days. It appears as though a serious case of [Diagnos] and is not yet been cured, I am prescribing [Number] days complete bed rest with plenty of intake of liquid and oil free food along with proper dosage of the prescribed medicines.Sincerely[Name][Signature] |