|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctor's Sick Note for Work** | | | | | | | | | | | | | | | |
| **Dr. Full Name**  **Address:**  **City, State, Zip Code**  **P1:** (123) 456 6789 **P2:** (123) 456 6784  email@highfile.com – highfile.com | | | | | | | | | | | | | | | |
| **Patient’s Name:** | | | | |  | | | | | | | |  | | |
| **Date of Birth:** | | | | |  | | | | | | | |
| **Consultation Date:** | | | | | DD / MM / YY | | | | | | | |  | | |
| The above-named patient will need bedrest: | | | | | | | | | | | | | | | |
| From: | | |  | | | |  | To: | |  | | For approximately | |  | Days. |
| **Reason for Medical Leave:** | | | | | | | | | | | | | | | |
|  | Illness | | | | | | | | | | | | | | |
|  | Injury / Accident | | | | | | | | | | | | | | |
|  | Other: | | | | |  | | | | | | | | | |
| **Special Instructions / Recommendations:** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| I, Dr. | | Full Name | | | | | | | certify that I have examined the above-named patient and recommended | | | | | | |
| the period of medical leave as indicated. This note is true to the best of my knowledge and belief. | | | | | | | | | | | | | | | |
| **Signature:** | | | |  | | | | | | |  | | | | |
|  | | | | **Dr. Full Name** | | | | | | |