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| --- |
| **Doctor's Sick Note for Work** |
| **Dr. Full Name****Address:****City, State, Zip Code****P1:** (123) 456 6789 **P2:** (123) 456 6784email@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** |  |