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| **Doctor's Sick Note Template** | | |
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| [Dr. First Name, Last Name]  [Doctor’s Qualifications]  [Medical License Number]  [Doctor’s Phone Number, Email Address]  [Clinic’s Name, Street Address, City, ZIP Code] | | |
| **Patient’s Details:** | | |
| **Name:** [First Name, Last Name]  **Date of Birth:** [Date of Birth]  **Patient ID:** [Patient ID]  **Address:** [Street Address, City, ZIP Code] | | |
| **Medical Details:** | | |
| **Date of Examination:** [Date]  **Diagnosis:** [Diagnosis e.g., Flu, Recovery from Surgery, Stress]  **Details:** [Additional details or recommendations] | | |
| **Duration of Medical Leave:** | | |
| **Start Date:** [DD/MM/YYYY]  **End Date:** [DD/MM/YYYY]  **Total Days:** [Number of days] | | |
| **Other Recommendations:** | | |
| **Medications Prescribed:** [Paracetamol, 500mg, twice a day]  **Follow-up Date (if any):** [DD/MM/YYYY]  **Additional Instructions:** [Stay hydrated, Avoid exposure to dust or allergens] | | |
| [Signature] | [DD/MM/YYYY] |  |
| **Doctor’s Signature** | **Date** |  |
| This is to certify that the above patient has been examined by me and is advised to take medical leave for the mentioned duration due to health reasons. Misuse or alteration of this note is subject to legal penalties. | | |