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| **Dr. Patric Brown, M.D.**1234 Health Ave, New York, NY, USA**PH:** +1 111.234.5 **FX:** +1 111.234.5www.highfile.com | **Date:** DD / MM / YY |

 |
| **Patient’s Name:** |  | **Date of Birth:** |  |
|  |
| **First Day of Absence:** | **Expected Return Date:** |  | **Total Days Absent:** |
|  |  |  |  |  |
|  |
| **Diagnosis / Reason for Absence:** |
|  |
| **Special Instructions / Recommendations (if any):** |
|  |
|  |
| **Certification:** |
| I hereby certify that the above-named student is under my care and was found to be medically unfit for school attendance during the specified dates. |
| **Signature:** |  |  |