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| **Printable Doctor's Sick Note** |
| **Doctor’s Full Name:** |  | **License Number:** |  |
| **Specialization:** |  | **Contact Information:** |  |
| **Address of Practice:** |  | **Today’s Date:** |  |
| **To Whom It May Concern,** |
| **Patient’s Information:** |
| **Full Name:** |  | **Date of Birth:** |  |
| **Address:** |  | **Contact Number:** |  |
| **Medical Evaluation:** |
| **Date of Examination:** |  |
| **Symptoms / Conditions:** |  |
| **Duration of Symptoms:** |  |
| **Possible Cause:** |  |
| **Treatment / Recommendations:** |  |
| **Medical Advice and Restrictions:** |
| **Physical Activity Level:** |  |
| **Work / Study Restrictions:** |  |
| **Medications Prescribed:** |  |
| **Follow-Up Appointment:** |  |
| **Additional Notes:** |  |
| **Certification of Illness:** |
| I, Dr.  |  | hereby certify that I have examined |  |
| , and in my professional opinion, they are |  | fit to attend work / school due to the aforementioned |
| medical condition. |
| The anticipated period of absence from work / school is from |  | to |  |
| **Doctor’s Signature:** |  |  | **Signing Date:** |  |