## **DOCTOR’S NOTE FOR SCHOOL/COLLEGE**

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| --- |
| **Doctor’s name** |
| **State/ City/ Road** |
| **Name** |
| **Gender** |
| **Age** |

**[Date]**

Dear,

This note is to certify that [patient’s name] is unfit for work due to back pain. I recommend that he be assigned light duties for one month. If you require more details contact me via dr.john@medcure.com.

Dr. John Kimberly

**[Doctor’s signature]**

**[Email]**

**[Phone Number]**