

Doctorâ€™s Note for Short-Term Sick Absence

Patient Name: _____

Date of Birth: _____

Date of Consultation: _____

Nature of Illness: _____

Recommended Absence From Work/School: _____ to _____

Additional Comments:

Doctorâ€™s Name: _____

Signature: _____

Date: _____

Stamp/License No.: _____