



Dr. Robert Smith

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Student Doctor's Note

To Whom It May Concern,

This is to confirm that _____ (Student Name) was evaluated by me on ____ / ____ / ____ and, due to medical reasons, is advised to refrain from school attendance from ____ / ____ / ____ to ____ / ____ / _____. The student may resume academic activities on ____ / ____ / _____, with or without restrictions as necessary.

If additional verification is needed, please contact my office.

Sincerely,

Physician's Name: _____

Medical Facility: _____

Contact Information: _____

Robert Smith

Date: ____ / ____ / ____