Doctor’s Excuse Note Template

[Practice Name]

[Address Line 1]

[Address Line 2]

[Date]

[Patient Name]

[Sex or Gender]

[Date of Birth]

This is to certify that [patient's name] has been under my care from [start date] to [end date].

During this period, [patient's full name] was diagnosed with [diagnosis] and was advised to take leave from [start date of leave] to [end date of leave].

The patient is now fit to resume [work or school] on [resumption date].

If you have any further questions, please do not hesitate to contact me.

Yours sincerely,

[Your Full Name]

[Your Title]

[Your Contact Information]