**[*Doctors Excuse Note Template*]**

**Greenfield Family Clinic**  
123 Wellness Avenue, Springfield, IL  
Phone: (217) 555-0198 | Email: contact@greenfieldclinic.com

**Patient Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Gender :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Age :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Whom It May Concern,**

This is to certify that **[Patient’s Full Name]** was examined and treated at our clinic and is currently recovering from a **moderate respiratory infection** accompanied by fatigue and sore throat.

In my professional opinion, the patient requires medical leave for **two (2) days**—**Monday and Tuesday**—to ensure proper rest, hydration, and compliance with the prescribed treatment plan.

Please excuse their absence during this period. A follow-up appointment may be scheduled if symptoms persist.

Thank you for your understanding.

Sincerely,  
**Dr. Elaine Porter, M.D.**

(*Signature*)  
Greenfield Family Clinic

Doctor's Excuse Note Template by **Zellatemplate.com**