**[*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

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