

Doctor's Note - Notice of Absence

Please complete the information below and present this form to your employer or educational institution as official notice of your medically-related absence.

Patient/Employee/Student Name:

Date of Birth:

Date(s) of Absence:

e.g., June 12-14, 2024

Reason for Absence (Brief Description):

Optional or as permitted by policy

Physician/Healthcare Provider Name:

Facility/Clinic Name:

Contact Phone Number:

Physician Signature:

Date:

Submit

Note: This form is intended solely for medical verification of absence due to illness or health-related reasons. Confidential medical information should not be included beyond what is necessary for verification.