

## 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:**

**Reason for Absence (Brief Description):**

**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.