## **Doctor’s note for gym**

Doctor/clinic name

Date:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_

This is a confirmation that [patients name] is unable to attend gym sessions for a year due to spinal injury. I this respect request you to deregister them from the gym and refund their subscription. For more details, please contact me.

Doctor’s name\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature\_\_\_\_\_\_\_\_