## **Doctor’s note for a child**

Doctor’s/clinics

Letterhead/logo

Name\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This note is to confirm that [child’s name], she is suffering from tuberculosis and I recommend you to allow her to discontinue classes for two months. This is an infectious disease that can spread to other children. I have issued the right medication and other guidelines. I thank you for cooperating with me.

Doctor’s name\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s signature\_\_\_\_\_\_\_\_\_