## **Doctor’s note for school/college**

Doctor’s name

State/ City/ Road

Name \_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This note is to certify that [patient’s name] is unfit for work due to back pain. I recommend that he be assigned light duties for one month. If you require more details contact me via dr.john@medcure.com

Dr. John Kimberly

[Doctors signature]