## Fit note for a child

XXX Health center

State

Name……………………gender……………..age…………………….date………………

Dear………………

Kindly excuse…………………………from attending school or from doing (specify the activity) in school. He/she has been diagnosed with (state the illness) and so should not be exposed to any form of vigorous exercise. He is under the medication and is expected to resume back in a week time.

Thank you

Yours sincerely

Doctor’s Name

Signature