## Fit note for depression

XXX Health center

State

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

Dear………………

Kindly excuse…………………………from any sensitive responsibility for one or so months. He/she has been diagnosed with depression and is under medication. It is so that you help us work on his/her case by avoiding giving him any responsibility. Once the condition is solved, we will recommend him/her to resume her duties.

Yours sincerely

Doctor’s Name

Signature