## Fit note for school

XXX Health center

State

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

Dear………………

Kindly excuse…………………………from school on Monday, Tuesday and Wednesday. He/she has been diagnosed with malaria and will have to undergo treatment under nurse care for three days. I have prescribed for him medication, but he/she needs direct supervision to see the progress.

Thank you

Yours sincerely

Doctor’s Name

Signature