**Fit note for work**

XXX Health center

State

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

Dear………………

Kindly excuse…………………………from work from Monday to 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.

Yours sincerely

Doctor’s Name

Signature