## Medical Note for School/College

XYZ Medical Centre

State/City/Zip

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam,

Please excuse Margaret of Class 3 C from school for a week. I have examined her, and the results show that she is suffering from malaria.

I have prescribed some medication that she will take for one week and given her total bed rest in this period. She is supposed to eat well and take a lot of rest for her to get better.

Sincerely

Signature of the doctor

Doctor’s name