

Certify that an employee underwent a medical examination and requires time off work for rest and recovery.

**Work Excuse Letter**

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| Health Nest Family Practice | |
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| Medical Excuse Note | |
| **Patient Name:** | Patient name here |
| **Date of Examination:** | January 30, 2030 |
| **Date of Issuance:** | January 30, 2030 |
| **Attending Physician:** | Physician name here |

**To Whom It May Concern,**

This letter serves to conﬁrm that **[patient name]** underwent medical evaluation at Health Nest Family Practice on **[date of evaluation]**. While the diagnosis is conﬁdential, it has required active treatment and monitoring under my care.

To support their full recovery and avoid complications, I advise that the patient be excused from all work duties from

**[start date]** through **[end date]**. A follow-up evaluation is scheduled for **[date of evaluation].**

This statement has been issued at the patient’s request, with their consent, for documentation purposes.

Sincerely,

Signature here

**Physician name here   
Date here**

**Credits**

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