# Student Absence Excuse Form

|  |  |
| --- | --- |
| Patient’s Name: |  |

**Appointment Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

This document is to certify that the above-mentioned student / patient was seen in our office by our:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Physician |  | Nurse |  | Physician’s Assistant |
|   |
|  | Office Staff |  | Nurse Practitioner |  | Other Staff |

Student May Return to School:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Today |  | Tomorrow |  | On |  |  |  |
|  |  *(Day)* |  |  *(Date)* |

|  |  |
| --- | --- |
| Physician’s Name: |  |
| Address: |  |
|  |  |

|  |  |
| --- | --- |
|  Physician’s Signature |  |

|  |
| --- |
| **WARNING:****This document is for novelty purposes only. This document does not contain most of the elements that are seen in real doctor’s notes. For accurate, highly-realistic doctor’s notes, do not use this note or any free documents found on the internet. Instead we highly recommend purchasing your documents from** [**bestfakedoctorsnotes.net**](https://www.bestfakedoctorsnotes.net)**.** |