

Illness Verification Letter

Date:

To Whom It May Concern,

This letter serves to verify that was seen at our medical facility on due to illness.

Based on the medical evaluation, it is recommended that the above-mentioned individual be excused from work/school from to .

If you have any further questions, please feel free to contact our office.

Sincerely,

Name of Healthcare Provider

Medical Facility/Clinic

Contact Number