

# AUTHORIZATION FOR ABSENCE

Date \_\_\_\_\_

To whom it may concern:

This is to certify that \_\_\_\_\_

is under my care for the following \_\_\_\_\_

\_\_\_\_\_

In order to avoid aggravation of his/her condition,

I recommend that he/she be excused from: \_\_\_\_\_

\_\_\_\_\_

until (date) \_\_\_\_\_

Remarks:

\_\_\_\_\_  
Authorizing doctor