H. No.\_\_\_\_\_\_ Street Name \_\_\_\_\_\_

City Name\_\_\_\_\_\_\_\_ PIN Code: \_\_\_\_\_

Country\_\_\_\_\_\_\_\_\_ Ph. No: \_\_\_\_\_\_\_\_

Email Id:\_\_\_\_\_\_\_\_\_\_\_

Excuse Slip

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

This is to clarify that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has/had an

appointment at \_\_\_\_\_\_\_\_\_\_\_\_\_ o’clock.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please excuse this absent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_May return to work on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. P.E. until released.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_May return to work without limitations.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians Signature