

1 Patient & Visit Information

1 DETAILS

Patient name: _____ MRN / Chart number: _____
DOB / Age: _____ Facility name: _____
Date of evaluation: _____ Provider name: _____

2 Excuse Letter

2a CERTIFICATION STATEMENT

Patient was evaluated on: _____
Reason for visit (general terms): _____
Clinical determination: _____

2b EXCUSE PERIOD

Excused from: _____ Excuse start date: _____
Excuse type (work / school / activities): _____ Expected return date: _____

2c RETURN-TO-ACTIVITY CONDITIONS

Specify any conditions for return — symptom resolution required, follow-up clearance needed, restrictions upon return (light duty, no contact sports, limited standing, etc.)...

2d LETTER TEXT PREVIEW

To Whom It May Concern,

This is to certify that _____ was evaluated at our urgent care facility on _____ for a medical condition that required clinical attention.

Based on the assessment, the patient was advised to refrain from work / school / regular activities. The patient is advised to be excused from _____ through _____ and may return to normal activities on _____, provided symptoms have improved.

Return restrictions (if applicable):

Please feel free to contact our office for any additional information.

Sincerely,

Provider name & credentials: _____ Date: _____
Signature: _____ Facility name: _____
License / NPI: _____ Contact phone / fax: _____