

1 Patient & Visit Information

1 DETAILS

Patient name:	<u>Melissa J. Torres</u>	MRN / Chart number:	<u>UC-2026-029114</u>
DOB / Age:	<u>03/22/1997 / 29 years</u>	Facility name:	<u>CareNow Urgent Care — Westside, Nashville, TN</u>
Date of evaluation:	<u>04/22/2026</u>	Provider name:	<u>Dr. Kevin L. Park, DO</u>

2 Excuse Letter

2a CERTIFICATION STATEMENT

Patient was evaluated on: April 22, 2026

Reason for visit (general terms): Acute respiratory illness — influenza A (confirmed by rapid antigen test) with secondary acute bronchitis

Clinical determination: Patient is symptomatic with fever (101.8°F at time of evaluation), productive cough, fatigue, and body aches; unfit for work or school duties at this time; risk of transmission to students and colleagues is clinically significant

2b EXCUSE PERIOD

Excused from:	<u>Work/School — elementary school teaching duties</u>	Excuse start date:	<u>April 22, 2026</u>
Excuse type (work / school / activities):	<u>Work (employee) and School (work setting)</u>	Expected return date:	<u>April 28, 2026 (6-day excused absence)</u>

2c RETURN-TO-ACTIVITY CONDITIONS

Patient may return to work on April 28, 2026 provided: (1) Fever-free for a minimum of 24 hours WITHOUT the use of antipyretic medications (acetaminophen or ibuprofen). (2) Symptoms (cough, fatigue, body aches) have improved sufficiently to allow full classroom duties. (3) Patient has completed the full 5-day course of oseltamivir (Tamiflu) as prescribed (last dose: April 26, 2026). NO restrictions upon return to full duty if the above conditions are met. Patient instructed to wear a surgical mask at work for the first 2 days after return (April 28-29) as an additional precaution for immunocompromised students. If fever recurs or symptoms worsen, patient should seek follow-up care before returning to work.

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: Dr. Kevin L. Park, DO — Urgent Care
Medicine

Signature: Kevin L. Park, DO

License / NPI: Tennessee Medical License #TN-DO-
028847 / NPI: 1487302916

Date: April 22, 2026

Facility name: CareNow Urgent Care — Westside,
Nashville, TN

Contact phone / fax: (615) 555-0144 / Fax: (615) 555-0145