Date

Doctor Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

|  |  |
| --- | --- |
| RE: | Note to Skip Work DOB: date, SSN: Social Security Number |

To whom it may concern,

It is to inform that John Will, student of 5th grade, section blue, cannot attend school on 14th April, 2019. He has a XYZ vaccination due on 13th April, 2019 at 8:00 p.m. and its side effects include weakness, fever and dizziness. He needs a recovery period of at least one day.

Kindly, excuse him for 14th April, 2019.

Regards,

Sarah Smith.