

Cover Page Detail

Recipient

To:

Fax Number:

Title:

Date: 02/17/2026

Ph Number:

From:

Sender

Message

noor

mpm

Bbbhhh

Sick/excuse note

[Your Clinic/Hospital Letterhead]

Date: 13 February 2026

To Whom It May Concern,

This is to confirm that [Patient's Full Name], date of birth [DOB], was seen by me and is unable to attend [work/school/appointments] due to illness. They are advised to rest and recover.

If you need further details, please do not hesitate to contact me.

Yours sincerely,

noor, mpm

[Contact Number & Clinic Stamp]