

SICK SLIP

**Company Name**

Address Your Location Here-Email at [Youremailaddress@email.com](mailto:Youremailaddress@email.com)-Phone: 090012345678

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Information:** | | | |
| Name: |  | Gender: |  |
| Age: |  | Sex: |  |
| Weight: |  | Height: |  |
| Birth: |  | Contact No: |  |

Please excuse: (Name Here)

**From:**

Work

School

Others (please specify): \_\_\_\_\_\_\_\_\_

**Due to:**

Injury

Illness: Pneumonia

Others: \_\_\_\_\_\_\_\_\_\_\_\_\_

For the following dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assessment:**

Advised patient to follow up after one week for re-evaluation of symptoms and treatment response

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_