

Minor Illness Certificate for School

Subject: Medical Certificate for School Absence

Dear [Teacher/Principal],

This is to certify that [Student Name] was seen and treated at [Clinic/Hospital Name] on [Date]. Due to [illness], [he/she] was unable to attend school from [Start Date] to [End Date].

Thank you for your understanding.

Sincerely,

[Doctor Name]

[Clinic/Hospital Name]

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