# Doctor’s Note

**Purpose:** This document serves as a formal verification from a licensed medical professional that the person named below has been examined and diagnosed with a medical condition justifying time off from work or school as indicated.

## Patient Information

**Full Name:** {name} {surname}
**Date of Birth:** {dateOfBirth}
**Patient ID (if applicable):** {patientId}

## Date of Consultation

**Consultation Date:** {consultationDate}
**Physician:** Dr. {doctorName}
**Medical Facility:** {facilityName}

## Health Condition Summary

The above-named patient was evaluated and diagnosed with a medical condition that warrants a period of rest and recovery. Based on clinical judgment, a medical leave is recommended as outlined below.

## Medical Leave Recommendation

**Recommended Leave Start Date:** {leaveStartDate}
**Recommended Leave End Date:** {leaveEndDate}

{#hasFollowUp}

**Follow-Up Appointment:**

 {followUpDate}

{/hasFollowUp}

## Restrictions (if applicable)

{^hasRestrictions}There are no activity restrictions during this period.{/hasRestrictions}

{#hasRestrictions}

* {restrictionDetail}

{/hasRestrictions}

## Additional Notes

{additionalNotes}

## Physician Information

**Full Name:** Dr. {doctorName}
**Medical License Number:** {licenseNumber}
**Phone:** {contactPhone}
**Email:** {contactEmail}

## Signature

**Date:** {signatureDate}
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_