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Dear Doctor,

Would you please complete our Student Medical Certificate, without cost to the Parent/Carer.

Thanking you in advance for your kind co-operation.

Attendance Officer

I have today \_\_\_\_\_ (Date) examined

Name \_\_\_\_\_

and in my opinion he/she is:

**A:** Unable to attend school

and should refrain from school for \_\_\_\_\_ days.

OR

**B:** Fit to attend school

Please sign and stamp with **SURGERY STAMP**

Signed: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

PLEASE  
STAMP  
HERE

