## **EXCUSE SLIP**

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	DATE 10/21/13
TO WHOM IT MAY CONCERN:	
S. Mc Multy Mon	_is under my care. He/She
was seen in my office today.	
	1/14
☐ is unable to return to work at this time because	
is able to return to school on	
☐ is/is not able to participate in the Phy. Ed. Program at school	
is in good physical health.	
☐ surgery is scheduled for	and
Patient may return to work after	weeks/days.
☐ Restrictions:	
Other:	
Z	2461
Signature	

