

MEDICAL EXCUSES FOR SCHOOL AND DAY CARE

Dear Teacher or Day Care Provider:

This is to inform you that _____

was seen by the following clinic at Kimbrough Ambulatory Care Center, Fort George G. Meade on _____ :

- Red Team, (301) 677-8629
- White Team, (301) 677-8516
- Blue Team, (301) 677-8137
- Gold Team, (301) 677-8756

After evaluation, it has been determined that this patient:

- Has been cleared to return to school or day care.
- May not return to school or day care until _____.
- Has (or had) an illness. Please excuse his or her absence on the following days: _____.
- Needs to be excused from physical education or sport activities until _____.

Provider's Signature: _____

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