



AL-BAYAN
INTERNATIONAL SCHOOL
مدرسة البيان الدولية

Sick Leave
(Medical Note)

Date: _____

Student's Name: _____

Grade: _____

Name of the Health Clinic: _____

Name of the Doctor: _____

Complaints of :

Treatment given:

- _____
- _____
- _____

Sick Leave from: _____ To: _____

Total Days of Sick Leave _____

Signature of the Doctor: _____

Stamp of the Doctor: _____