



Village : _____

Date : (yyyy/mm/dd) ____/____/____

Objet : Absence justification for medical reasons

Madam,

Sir,

I, the undersigned, _____ (Registered Nurse's name), confirm that Ms/Mr. _____ will be absent from work starting (yyyy/mm/dd) ____/____/____ until (yyyy/mm/dd) ____/____/____ for medical reasons.

 Name and Signature of Registered Nurse

For

Véronique Morin, MD