



LA FOUNDATION SCHOOL

VILL. THALESAN, DISTT. SANGRUR (148001) PB.

Affiliated to CBSE, Delhi (Affiliation No. 1630493); School code: 20484

PHONE: (91) 98-88-55-00-44; TELEFAX: (91) 1672 250044

EMAIL: info@lf.school; WEBSITE: www.lf.school



MEDICAL CERTIFICATE

Full name of the Parent:

Signature of the Parent:

I, Dr. after careful personal examination of the case hereby certify that, student of class..... Section..... whose parent's signature is given above, is suffering from

I consider that a period of absence from school with effect from to is absolutely necessary for the restoration of the health of child.

Date:

Signature of the MEDICAL OFFICER

Stamp of the MEDICAL OFFICER