

March 8, 2017

To Whom it May Concern;

Re:

DOB:

This is to certify that _____ is under my professional care and

- Was seen in my office March 8, 2017
- May not return to physical education for the next four weeks.

Thank You,

A handwritten signature in black ink, appearing to read 'Robert', with a long horizontal stroke extending to the right.

Robert MD.