**Saturday, 31 October 2020**

To whom it may concern.

This letter is to certify that \*\*insert name here\*\* has attended Physiotherapy today for treatment of \*\*insert injury here\*\*.

In my opinion \*\*insert name here\*\* is unfit for work duties from [Appointment Date] up to and including \*\*insert date here\*\*.

If you need any further information, please do not hesitate to contact me.

Kind Regards,

| Physiotherapist

Provider No: