

PHYSICIAN'S RELEASE TO RETURN TO WORK

Employee's Name: _____ Date of Release: _____

Physician's Name and Field of Specialization: _____

My diagnosis for the Employee is: _____

I last examined or treated the Employee for that condition on: _____

I expect that condition to continue until: _____

- In my opinion, the Employee may return to work without restriction on: _____
- In my opinion, the Employee may return to work with the restrictions described below on: _____

The Employee has the following restrictions (indicate all restrictions on the Employee's work activities, including but not limited to, hours of work, specific job duties the Employee may perform on a limited basis, and specific job duties the Employee may not perform at all):

The Employee's restrictions will continue until (indicate the date each restriction listed in the preceding answer will end): _____

I will next examine the Employee on: _____

Physician's Signature/Date