

PHYSICIAN'S RELEASE

Today's date: _____

_____ has been under my care for
(Employee's name)

_____ since _____
(Nature of illness or injury) (Date first seen)

In my opinion, he/she may return to work and resume normal duties on _____.
(Date)

If normal duties may not be resumed, please specify restrictions and date to return:

Physician's Signature _____

Physician's Office Address:

Street Address City State Zip