

Centertown Offices

123 Professional Avenue
Suite 146
Salt Lake City, UT 84124
(801) 555-4444

CERTIFICATE TO RETURN TO WORK OR SCHOOL

NAME Caesar, Julie HAS BEEN UNDER MY CARE
FROM _____ TO _____ AND IS ABLE TO RETURN
TO WORK/SCHOOL ON _____
NATURE OF ILLNESS OR INJURY _____
_____ RESTRICTIONS _____ LIGHT WORK
_____ OTHER _____
SIGNED _____