

**Centertown Offices**

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**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 \_\_\_\_\_