Return to Work Doctor's Note

Sam Smith

[Healthcare Provider's Name]

36 Downdale Street

[Healthcare Provider's Address]

0228765543

[Healthcare Provider's Phone Number]

Date: 12/11/2023

To:

John Motors

[Employer's Name]

87 Tinwall Street

[Employer's Address]

Patient Name:

Kate Larry

[Patient's Name]

11/11/2000

[Patient's Date of Birth]

Diagnosis: Strep throat

Date of Last Examination: 12/11/2023

Current Restrictions or Limitations:
No longer at risk of spreading but must resume light workloads until energy back to full

Recommended Accommodations or Modifications:
Avoid heavy lifting

Date of Clearance to Return to Work: 13/11/2023

Healthcare Provider Signature: Sam Smith