

Yin Peng He

Certificate For Return to Work/School	
Name: <u>Yin peng He</u>	
Was seen on <u>9/17/18</u> at <u>3:00</u> am/pm	
and is able to return to work/school on: <u>9/17/18</u>	
Nature of illness or injury: <u>Confidential</u>	
☐ Restrictions:	☐ Restricted Physical Exertion:
☐ Light Work:	☐ Avoid _____ for _____ number of days
☐ Limited Physical Exertion:	☐ Other:
CRNP/RN: <u>[Signature]</u>	Date: <u>9/17/18</u>
Phone (334) 244 - 3281	Fax (334) 244 - 3243