

Certificate For Return to Work/School

Name: Shamille James

Was seen on 12/03/19 at 1:00 am/pm pm

and is able to return to work/school on: 12/4/19

Nature of illness or injury: Confidential

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Restrictions:

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Restricted Physical Exertion:

☐

Light Work:

☐

Avoid _____ for

_____ number of days

☐

Limited Physical Exertion:

☐

Other:

CRNP/RN:

[Signature] RN
Phone (334) 244 - 3281

Date:

12/3/19
Fax (334) 244 - 3243