

Certificate For Return to Work/School

Name: Henilkumar Sheta

Was seen on 02-28-18 at 10:30 am/pm

and is able to return to work/school on: 02-28-2018

Nature of illness or injury: Confidential

☐ Restrictions: _____ ☐ Restricted Physical Exertion: _____

☐ Light Work: _____ ☐ Avoid _____ for _____

☐ Limited Physical Exertion: _____ ☐ Other: _____

CRNP/ RN: Carol Stewart Date: 03-05-2018

Phone (334) 244 - 3281 Fax (334) 244 - 3243

Certificate For Return to Work/School

Name: Henil Kumar Sheta

Was seen on 3/5/18 at 0930 am/pm

and is able to return to work/school on: 3/6/18

Nature of illness or injury: _____

☐ Restrictions: _____ ☐ Restricted Physical Exertion: _____

☐ Light Work: _____ ☐ Avoid _____ for _____

☐ Limited Physical Exertion: _____ ☐ Other: _____

CRNP/ RN: M. H. S. CRNP Date: 3/5/18

Phone (334) 244 - 3281 Fax (334) 244 - 3243