

Certificate For Return to Work/School

Name: Elizabeth Portis at 9:30 am/pm

Was seen on 02/27/18 and is able to return to work/school on: 02/27/18

Nature of illness or injury: Immunizations

☐ Restrictions:

☐ Restricted Physical Exertion:

☐ Light Work:

☐ Avoid _____ for _____ number of days

☐ Limited Physical Exertion:

☐ Other:

CRNP/ RN: Amy Morris
Phone (384) 244 - 3281

Date: 02/27/18
Fax (334) 244 - 3243