

Certificate For Return to Work/School	
Name: <u>Jackwan Kim</u>	
Was seen on <u>11-6-18</u> at <u>2:00</u> am/pm	
and is able to return to work/school on: <u>11-12-18</u>	
Nature of illness or injury: <u>influenza</u>	
☐ Restrictions:	☐ Restricted Physical Exertion:
☐ Light Work:	☐ Avoid _____ for _____ number of days
☐ Limited Physical Exertion:	☐ Other:
CRNP RN: <u>L. Stewart</u>	Date: <u>11-6-18</u>
Phone (334) 244-3281	Fax (334) 244-3243

11-12-18