

67,7
222,2

Certificate For Return to Work/School	
Name:	<u>Santiago Molano</u>
Was seen on	<u>9/6/18</u> at <u>230</u> am/pm
and is able to return to work/school on: <u>9/7/18</u>	
Nature of illness or injury: _____	
☐ Restrictions:	☐ Restricted Physical Exertion:
☐ Light Work:	☐ Avoid _____ for _____
☐ Limited Physical Exertion:	☐ Other: _____
CRNP/ RN: <u>M/S CRNP</u>	Date: <u>9/6/18</u>
Phone (834) 244-3281	Fax (334) 244-3243