



### Return to Work / School

To whom it may concern:

\_\_\_\_\_ was examined and treated in our clinic on \_\_\_\_\_.

I am recommending the following based on the patient's medical condition:

- No work at all from \_\_\_\_\_ to \_\_\_\_\_
- Unable to return to work until further evaluation
- Light work only from \_\_\_\_\_ to \_\_\_\_\_
- May return to work on \_\_\_\_\_ with the following restrictions:
  - No lifting in excess of \_\_\_\_\_ lbs.
  - No repetitive squatting, bending or lifting.
  - One handed job
  - This restriction is effective until \_\_\_\_\_
- May resume full work load/activities effective \_\_\_\_\_
- No school until \_\_\_\_\_
- Please excuse \_\_\_\_\_ from work on \_\_\_\_\_. He/She had to accompany his/her child to the clinic.
- No gymnasium activity or swimming until \_\_\_\_\_
- Other \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature / Title