Medical Clearance Return to Work

Employee Information

Employee Name	
Department	
Position	
Date of Absence	
Date of Return	
Physician Information	
Physician Name	
Physician Phone	
Facility/Clinic	
Medical Clearance	
The above named employee is medically	cleared to return to work on:
Restrictions or Limitations (if any):	
Additional Comments:	

Physician Signature	
Date	