Post-Surgery Job Resumption Form

Employee Name	
Employee ID	
Department	
Position/Designation	
Medical Details Date of Surgery	
Date of Surgery	
Date of Resumption	
Date of Nesumption	
Attending Doctor's Name	
Therefore I have	
Hospital/Clinic	
Work Restrictions (if any)	
Doctor's Certificate Submitted	
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Declaration	
I hereby declare that I am fit to resume my duties as per the above information.	
Signature	
Date	
Date	