

Medical Return to Work Form

Employee Information:

Name John Smith	Personal ID 099876	Department Marketing
Phone Number +971-456-88	Address House #6 Street #7 London	Email Sample@gmail.com

Health care Provider Information:

Name of Health care Provider	Name of Health Care Practice	Healthcare Provider Phone

Patient Condition:

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Limits and Restrictions:

Duration of activity Per Day	
Duration of standing activity	
Walking duration	
Activities to be specially avoided	

Return to work discussion:

Managers Name		Date	
Was correct absence producer followed?			<input type="checkbox"/>
Has the necessary medical certification been presented?			<input type="checkbox"/>
<u>Summary of discussion:</u>			
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Date of Examination		Signature	