

# Santa Monica-Malibu Unified School District

1651 Sixteenth Street • Santa Monica, CA 90404 • (310) 450-8338

## CERTIFICATE FOR RETURN TO WORK OR FURTHER TREATMENT

Name of Employee \_\_\_\_\_ Job Title \_\_\_\_\_ Date \_\_\_\_\_

Industrial Injury Yes  No

Diagnosis \_\_\_\_\_

The above employee has been under my care from \_\_\_\_\_ (Date).

He/she may return to full work duties on \_\_\_\_\_ (Date) and does not have to return for any further treatment. (Completely released)

He/she may return to full work duties on \_\_\_\_\_ (Date) but has another appointment with this office on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

He/she may return to work modified to accommodate the following restrictions on \_\_\_\_\_ (Date).  
but has another office appointment on \_\_\_\_\_ (Date) at \_\_\_\_\_ (Time).

### Patient is restricted from:

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Bending            | <input type="checkbox"/> Use of Ladder         | <input type="checkbox"/> Kneeling        | <input type="checkbox"/> Running  |
| <input type="checkbox"/> Reaching           | <input type="checkbox"/> Prolonged Sitting     | <input type="checkbox"/> Work at Heights | <input type="checkbox"/> Climbing |
| <input type="checkbox"/> Prolonged Standing | <input type="checkbox"/> Lifting _____ (Limit) |  |                                   |

Doctor's Statement \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

### PLEASE TYPE:

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Expiration Date

Doctor's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

He/she not return to work before this office has seen him/her on \_\_\_\_\_ (Date)  
at \_\_\_\_\_ (Time).

Status - Restrictions: Yes \_\_\_ No \_\_\_  
Approved: Yes \_\_\_ No \_\_\_

Return original and all copies to your  
Supervisor. Supervisor to forward copies  
to Personnel/Human Resources, Insurance  
and Payroll.

Supervisor: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Personnel: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_