

Employee Name _____

Date of Absence _____

Physician Section

This employee **IS** taking medication that could interfere with his/her ability to safely perform their job.

This employee **IS NOT** taking medication that could interfere with their ability to safely perform their job.

Worker is released for the job with no restrictions.

Worker is released for the job with the following restrictions _____

Worker is not yet released for the job. Anticipated date of return _____

Worker is **NOT** released for the job. Worker will be reassessed on _____

Comments _____

Physician Name _____

Signature _____

Date _____