

STONE CREEK MEDICAL WALK IN CLINIC  
140 CENTENNIAL PARKWAY SUITE 2A  
STONE CREEK ONT. L8E 1H9  
TEL: 905 - 561 9255  
FAX: 905 - 561 4391

STANDARD RETURN TO WORK/SCHOOL FORM

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

This is to certify that the above patient was unable to work/school due to  
Illness/injury.

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

RETURN TO WORK/SCHOOL: \_\_\_\_\_

Sincerely,

Doctor's Signature