

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"/>

Summary of discussion:

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Date of Examination	Signature
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