



This form contains your diagnosis.

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WILLIAMS, SHANE K (M.D.)
10800 MAGNOLIA AVE
RIVERSIDE CA 92505-3043
833-574-2273

Patient Name: Sethman,Edward A

Encounter Date: 3/18/2025

Auth ID: 212553661675.2

Please see below for this health care provider's directives and information relating to this encounter.

Work Status Report

Diagnosis: DECLINES INFLUENZA VACCINATION

Off Work

This patient is placed off work from 3/18/2025 through 3/23/2025.

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 3/24/2025 through 4/13/2025.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

This patient's activity is modified as follows:

Allowed to:

* Lift/carry/push/pull no more than 15 pounds.

This form has been electronically signed by WILLIAMS, SHANE K (M.D.)

This form contains your private health information that you may choose to release to another party, therefore please review for accuracy.

Printed to kp.org by WILLIAMS, SHANE K on 3/18/2025 at 14:45