Kaiser Permanente
2025 Morse Ave
Sacramento, CA 95825
(916) 973 5000

RETURN TO

WORK

DATE:_____

NAME:_____

UNDER MY CARE FROM:_____TO:_____

RETURN TO WORK:_____

ILLNESS/INJURY:_____

RESTRICTIONS:

NORMAL WORK ☐ LIGHT WORK ☐ NO WORK ☐

COMMENTS: