



**MAYO CLINIC**  
**HEALTH SYSTEM**

1025 Marsh St.  
Mankato, MN 56001  
Phone: 507-385-2999

**CERTIFICATE TO RETURN TO WORK OR SCHOOL**

NAME \_\_\_\_\_ HAS BEEN UNDER MY CARE  
FROM \_\_\_\_\_ TO \_\_\_\_\_ AND IS ABLE TO RETURN TO RETURN  
TO WORK/SCHOOL ON \_\_\_\_\_  
NATURE OF ILLNESS OR INJURY \_\_\_\_\_  
\_\_\_\_\_ RESTRICTIONS \_\_\_\_\_ LIGHT WORK  
OTHER \_\_\_\_\_  
SIGNED \_\_\_\_\_