



**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 \_\_\_\_\_