

Is condition due to a pregnancy? Yes No

Is patient still under your care? Yes No

Date of next doctor appointment _____

As you understand the patient's job responsibilities with LPISD, from your professional assessment of the patient's current condition, can you recommend this person to return to work at this time to perform the regular job assignment? Yes No

Anticipated date patient can return to work? _____

Date: _____

Signature of Physician

Type or Print Name of Physician

Physician Address

City/State/Zip Code

Physician's Office Phone Number

**PLEASE RETURN THIS FORM TO THE PATIENT
OR FAX TO LA PORTE ISD PAYROLL DEPT
(281)604-7119**