



# Pleasant Valley School District Doctor's Release for Return to Work

Employee's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

I certify that I have examined the above employee and have reviewed the **attached description** of the duties, responsibilities, and physical requirements of the employee's position. It is my opinion that the above noted employee may return to regular duty (as defined in the attached) with the following understandings:

**May return to work without restrictions** on \_\_\_\_\_  
(Date)

**May return to work with restrictions** on \_\_\_\_\_  
(Date)

(Next to each area on the attached job description, please note what the specific restrictions are. For example, under physical requirements it may state that the employee needs to be able to lift and carry heavy objects. If there is a restriction on this please note in the margin of the description the specific restriction (i.e: *may lift no more than 10 pounds, etc.*). **Terms and duration of restrictions must be specified in order for the employee to return to work with restrictions.**

Additional restrictions are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May not return to work.** Estimated return to work date is: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

Please print

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Return this form and the notated job description to Human Resources  
PRIOR TO RETURNING TO WORK.**

Contact Classified Human Resources at (805) 445-8663 if you have questions.  
This form may be faxed confidentially to PVSD Human Resources at (805) 445-8612.