



KEENEYVILLE SCHOOL DISTRICT #20

5540 Arlington Drive E. Hanover Park, Illinois 60133
Telephone: 630-894-2250 FAX: 630-894-5187

RETURN TO WORK RELEASE FORM

To be completed by healthcare provider prior to returning to work.

Fitness for Duty:

I have examined _____ and can certify that she/he is:
Patient Name

_____ Fully able to resume working as of _____
Date

_____ Able to return to work on _____ with the following restrictions:
Date

Healthcare Provider's Signature

Date

Please return by mail or FAX (630-894-9661) to Nanette DiCianni