



City of Oak Harbor

Doctor's Release to Return to Work / Certification of Illness or Injury

For you to have your physician disclose the below medical information to the City of Oak Harbor, you need to authorize the release of your private medical information in accordance with HIPAA Privacy Regulations. Ask the staff at your physician's office or hospital to provide you with their form.

Employee's Name: _____ Job Title/Dept: _____

ATTENDING PHYSICIAN'S STATEMENT

I hereby certify that _____ was attended by me professionally on
(name of patient)

_____. At that time the patient was suffering illness or disability as follows:
(date)

Was this a work-related injury? Yes No

My recommendations concerning the patient's returning to work and performing essential functions of the job are as follows:
(patient's job description enclosed)

Return to work in employee's regular capacity with no restrictions.

Return to work with the following restrictions:

The restrictions above (if applicable) shall continue:

For _____ days. From _____ to _____
(date) (date)

Until checked by physician in _____ days/weeks. Date of appointment: _____

Permanently

Name of Health Care Provider

Signature of Health Care Provider

Address

City, State, Zip

Phone

Fax

Date