PHYSICIAN'S RELEASE
FOLLOWING A PREGNANCY RELATED DISABILITY

_____ _____
Patient's first and last name Occupation

Is a patient of mine and delivered her baby on _____
Month / day / year

I have examined her on _____
Month / day / year

Based upon my examination, my patient will be released from medical care for this pregnancy related disability and would be physically able to return to full duty with no restrictions on

_____.
Month / day / year

If the date of release from medical care or return to work is longer than the normal six week postpartum recovery, please provide a brief explanation below.

COMMENTS:

_____

_____

Print Name (Physician): _____

Signature of Physician or Practitioner: _____

Date: _____ Office Phone No. _____

Type of Practice (Field of Specialization, if any): _____

Return to:
Glenbard District 87
ATTN: Human Resource Coordinator
596 Crescent Blvd.
Glen Ellyn, IL 60137
Fax: (630) 469-9107