

PALM BEACH STATE COLLEGE

4200 Congress Avenue, Lake Worth, FL 33461

Phone: 561-868-3153 Fax: 561-868-3131

Note for Disability or Release from Disability

PATIENT NAME: _____

Relationship to employee: _____

Employee name if patient is not employee: _____

DIAGNOSIS: _____

THE ABOVE PATIENT IS UNDER MY CARE AND SHOULD RESTRICT HIS/HER
ACTIVITIES AS FOLLOWS:

❖ Total Disability-No Work: _____

❖ Partial Disability-Modified Work: _____

❖ No Restrictions as of: _____

❖ Return to work date: _____

Next Appointment Date: _____

Special Instructions: _____

PHYSICIAN'S SIGNATURE: _____

OFFICIAL STAMP:

DATE: _____