Tardy to Work or School Form

_____ will be late to: (Check one)

_____ Work _____ School

_____was seen today and discharged from our facility at _____

_____ He/she may return to work/school but must still avoid physical activity from now until: _____

_____ He/she may return to full physical activity as of: _____

_____ (Caregiver's Signature)

_____ (Date)

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