

# PHYSICIAN'S APPROVAL TO RESUME NORMAL DUTIES

(Required for clearance after absence of 30 or more consecutive calendar days\*)

SAN DIEGO UNIFIED SCHOOL DISTRICT, EUGENE BRUCKER EDUCATION CENTER  
 4100 Normal Street, Room 1241, San Diego, CA 92103, Telephone: (619) 725-8000, Fax: (619) 296-7522

**INSTRUCTIONS:** Employee completes appropriate section, obtains physician's statement and signature, then submits form to principal or department head who will complete the section indicated, and then submit to Human Resource Services Division, Room 1241. **\*This form must be submitted by the employee at least three work days prior to the date of intended return. (Refer to District Procedure 7130).**

Name (Last, First & Middle)	Employee ID #	<input type="checkbox"/> Classified <input type="checkbox"/> Certificated	
Location Number	School or Department Name	Subject, Grade or Position Title	
No. Days Absent	From (Month, Day & Year)	To (Month, Day & Year)	
Comments: _____ _____ _____			
Employee's Signature		Date	
PHYSICIAN	<b>PHYSICIAN'S STATEMENT</b> – The above employee has been under my professional care during the above period.		
	This patient will be fit for return to duty on _____. <div style="text-align: right;">(Date)</div>		
	Limitations: <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please identify any specific limitations): _____ _____ _____		
	Physician's Signature	California License Number	Date
	Physician's Printed Name	Physician's Phone Number	(_____) _____
SITE/DEPT	<b>PRINCIPAL OR DEPARTMENT HEAD'S ACKNOWLEDGEMENT</b>		
	Form received on: _____ _____ Principal or Department Head Signature <span style="float: right;">Date</span>		
HUMAN RESOURCES	<b>HUMAN RESOURCES</b>		
	_____ <input type="checkbox"/> Approved to Return to Work <input type="checkbox"/> Not Approved		
	Date Received Comments: _____ _____ _____		
	Director's Signature	Date	