

FITNESS FOR DUTY CERTIFICATE JACKSONVILLE SCHOOL DISTRICT 117

Directions: May use this form or the physician's form. Return completed form to Jacksonville School District 117, Human Resources, 211 West State Street, Jacksonville, IL 62650.

Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	Zip Code
Email	Phone	
Position	Building	
Please check all that apply		
Patient may return to work with no restrictions.		
Patient may return to work with the following restric	ctions:	
Patient may not return to work at this time.		
Expected date of return		
Expected date of return		
Physician's Signature		Date Date
Physician's Name and Address (please print)		