



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, 516 Jordan 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 restrictions:

Patient may not return to work at this time.

Expected date of return _____

Physician's Signature *Date*

Physician's Name and Address (please print)