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)