

**UMATILLA-MORROW COUNTY HEAD START, INC.**

**DOCTOR'S REPORT/WORK RELEASE FORM**

1. Employee's Name

Position Title

Center

2. Doctor

Address

Phone

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**TO BE FILLED OUT BY ATTENDING PHYSICIAN (please print)**

1. Nature of the injury/illness:

2. Job restrictions due to the injury/illness (include medication side effects):

3. When can the employee return to work? Date

Comments:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_