

City of San Diego
LONG-TERM DISABILITY INCOME PLAN
1200 Third Avenue, Suite 1000
San Diego, California 92101
(619) 236-6100

RETURN TO FULL DUTY MEDICAL RELEASE

Instructions: To be completed by your attending physician and submitted to your immediate supervisor.

Note: A fully completed medical release must be reviewed and approved by your department/division's appointing authority *prior* to your return to work.

Ref: Administrative Regulation 75.40
LTD Plan Document

This is to certify that _____ has now recovered
sufficiently to be able to return to full duties on _____.

Physician's Name _____
(PRINT OR TYPE)

PHYSICIAN'S SIGNATURE

Address: _____

Telephone Number: _____

LTD OFFICE USE ONLY

Reviewed By _____

Date _____

Date verified employee returned to full duty:

Remarks _____

Distribution: White—R.M./LTD Green—R.M./Rehab. Canary—Originating Department Pink—Personnel Department Goldenrod—Employee