



City of San Diego  
**LONG-TERM DISABILITY INCOME PLAN**  
 1200 Third Avenue, Suite 1000  
 San Diego, California 92101  
 (619) 236-6100 • FAX (619) 533-3203

## RETURN TO LIGHT 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 light duty.

This is to certify that \_\_\_\_\_  
 has now recovered sufficiently to be able to return to work in a temporary light-duty capacity from \_\_\_\_\_ to \_\_\_\_\_.  
 Specific physical restrictions and/or other guidance are \_\_\_\_\_

Approximate return to full duty (regular duties) date \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
(PRINT OR TYPE)

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ FAX No.: \_\_\_\_\_

**LTD OFFICE USE ONLY**

Reviewed By _____
Date _____
Will employee be assigned to light duty? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date _____
Remarks _____
_____
_____