



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? ☐ Yes ☐ No

Date _____

Remarks _____

