

CAMERON PARISH SCHOOL BOARD  
510 Marshall St.  
Cameron, LA 70631  
Phone: 337-775-5784 Fax: 337-775-5572  
www.camsch.org

## MEDICAL RELEASE TO RETURN TO WORK

To be completed by employee:

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

School/Department: \_\_\_\_\_

To be completed by physician:

*This is to verify that the above named patient, under my care, will be medically able to*

*Return to work on:* \_\_\_\_\_

*Additional Comment:* \_\_\_\_\_

*Physician's Name and Address:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Physician's Signature:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by School Principal (School Employees) or  
Supervisor (Central Office Employees)

*This is to verify that the above individual returned to full time work on:*

\_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Principal or Supervisor submit the original of this form to the Payroll Department no later than (2) days following the employee's return to work.*

Submit original form to Superintendent