

**North Georgia Health District  
CBH RELEASE TO RETURN TO WORK**

\_\_\_\_\_ is released to return to work on \_\_\_\_\_  
[Name of Employee] [Date]

With no work-related restrictions

OR

With the following work-related restrictions: \_\_\_\_\_

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

Duration of restrictions: \_\_\_\_\_

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

\_\_\_\_\_  
[Name of Attending Health Care Provider - Please Print]

\_\_\_\_\_  
[Type of Practice]

\_\_\_\_\_  
[Signature of Attending Health Care Provider]

(\_\_\_\_\_) \_\_\_\_\_  
[Phone Number]

\_\_\_\_\_  
[Date]