

15-Dec-2024

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This document is to confirm that:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_was examined in our offices and may return to work or school on\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/20\_\_\_, under the following medical restrictions:





**X**

# Dr. Maria Lopez, M.D.

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*This document is not valid unless signed by a licensed medical professional.*