WORK AND HOUSEHOLD SERVICES RELEASES

THE UNDERSIGNED, attending physician for _____
Hereby requests that he/she be relieved from the performance of the following: (As initialed by physician).

ALL WORK_____ (Patient must rest, do no lifting, standing, bending, or carrying).

HEAVY WORK_____ (Patient may do light work. No lifting over 10-15 pounds).

ALL HOUSEWORK_____ (Patient must rest, do no lifting, standing, bending, or carrying).

HEAVY HOUSEWORK_____ (Patient may do light housework, but may not vacuum, clean house, do laundry, or work requiring exertion).

YARDWORK_____ (Patient is not to mow lawn, do gardening, or outside-household chores etc.).

REMARKS: _____
_____
_____
_____
_____
_____

THIS RELEASE EXTENDS FROM _____
(Date) (Estimated Date)

DATED: _____

SIGNED: _____