

M.D.

[Signature]
RN

Restrictions/Remarks:

W/A

The above patient may return to work or school on

06/08/19

This is to certify that the above named patient was under my professional care on

06/06/19

NAME:

Hans, Clifford Brian

RETURN TO WORK/SCHOOL

Dell Seton Medical Center at The University of Texas
1500 Red River Street
Austin, Texas 78701