

415-431-1580

Att:

Jaime Barnhart

# KAISER PERMANENTE. thrive

MITRE, JOHN (M.D.)  
1600 Owens Street  
San Francisco CA 94158-2261  
415-833-2000

**Patient Name:** Salas, Gabriela M  
**Encounter Date & Time:** 4/2/2019 9:40 AM

Please see below for this health care provider's directives and information relating to this encounter.

## Work Status Report

**Date onset of condition:**  
**Next Appointment Date:**

**Off Work**

This patient is placed off work from 4/1/2019 through 4/9/2019

**Modified Activity (Applies to work and home)**

This patient is placed on modified activity at work and at home from 4/10/2019 through 4/24/2019.

*If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.*

**This patient's activity is modified as follows:**

- Repetitive right hand motions: Occasionally (up to 25% of shift).
- Gripping/grasping right hand: Occasionally (up to 25% of shift).

**Full Duty:**

The patient was evaluated and deemed able to return to work at full capacity on 4/25/2019

This form has been electronically signed and authorized by MITRE, JOHN (M.D.)

*This form contains your private health information that you may choose to release to another party. Please review for accuracy.*