

415-431-1580

Att:

Jaime Barnhart



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.