

**Date printed:** 6/6/2025  
**Kaiser Permanente Member name:** Kayla R Jones  
**Date of birth:** 7/12/1996  
**MRN:** 110009140114



LE, MAI THANH THI (M.D.)  
7373 WEST LANE  
STOCKTON CA 95210-3377  
476-2000X0000

**Patient Name:** Jones, Kayla R  
**Encounter Date:** 6/6/2025  
**Auth ID:** 32639587689.3

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

### **Work Status Report**

**Reason for Off Work:** Uncontrolled Symptoms

#### **Full Duty:**

The patient was evaluated and deemed able to return to work at full capacity on 6/9/2025.

#### **Off Work**

This patient is placed off work from 6/1/2025 through 6/8/2025.

This form has been electronically signed by LE, MAI THANH THI (M.D.)

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

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