

**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH**

DOB: 06/27/1971

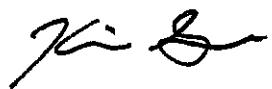
Form Date: 07/13/19

Dear Employer/School Administrator,

SINGH, MAHENDAR has been under hospital care for health-related issues.

Admitted: 07/11/19 Discharged: 07/13/19

Return to Work/School:

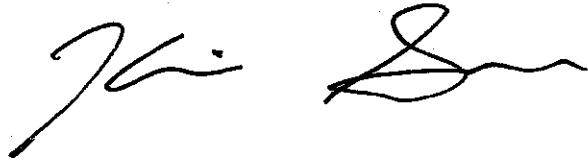
OK to Return to Work on: 07/19/2019 

Work Restrictions:

Full Duty

Provider e-Signature

GUZMAN, KEVIN J., MD-R1 CHN#: 266189 ON 07/13/19 17:26
MY PRINTED NAME REPRESENTS MY ELECTRONIC SIGNATURE.



**San Francisco General Hospital and Trauma Center
1001 Potrero Avenue
San Francisco, CA 94110**

Acct: 200061193302
te: 07/13/19 17:27 @04S WDIWRKF1
U4427 PAGE 001 OF 001

Name: SINGH, MAHENDAR
DOB: 06/27/1971
Sex: M