

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

DOB: 06/27/1971

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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:

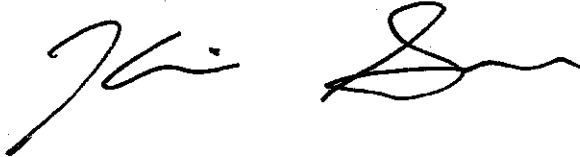
OK to Return to Work on: 07/19/2019 *Ki Su*

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

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