



Scan To: RETURN TO WORK / SCHOOL



Charleston Area Medical Center

MRN: 0000171866

TUCK, SHARON SUE  
DOB: 06/09/1950 72 Y F  
DOS: 06/29/2022 21:31  
ATT: Misenheimer, MD, Jacob Al  
FIN: 3005953425



# Certificate for Return to School / Work / Other

NAME: Robert Brogan (son)  
(PLEASE PRINT NAME - DO NOT USE PATIENT LABEL)

PLEASE EXCUSE FROM:  School  Work  Other: travel

DUE TO INDIVIDUAL OR FAMILY MEMBER HAVING HAD TREATMENT OR AN APPOINTMENT AT THIS HOSPITAL, PHYSICIAN'S OFFICE OR CLINIC ON:

DATE: 06/29/22 TIME: 21:30  A.M.  P.M.

REMARKS: Robert will need to be available at all times while his mother is under our care. No travel is recommended through July 9th or later.

DATE: 06/30/22 TIME: 14:14 AUTHORIZED SIGNATURE: C. Wolfe RW