



**DR. SCOTT O'CONNOR**

Fellow, American College of Foot & Ankle Surgery  
Diplomate, American Board of Podiatric Surgeons  
Certified in Foot, Reconstructive Rearfoot/Ankle Surgery

Normal – (309) 807-0384

Pontiac – (815) 842-6551

Eureka – (309) 467-2371

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient to be excused from / return to the following activities:

\_\_\_\_ P.E.    \_\_\_\_ Sports    \_\_\_\_ Work / part-time    \_\_\_\_ Work / full-time  
\_\_\_\_ Work / limited duty    \_\_\_\_ Work / full duty

Return with the following limitations: \_\_\_\_ Hours/day    \_\_\_\_ Hours/week    Wear Boot/Shoe/Crutches

No P.E./Gym    No Squatting    No Standing    No Walking    No Lifting

**Effective Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_



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