



1075 University Ave. San Jose, CA 95128  
 (408) 255-1000  
**OUTPATIENT DEPARTMENT**

NO. 2000

**MEDICAL CERTIFICATE**

Patient: HEGHTING, ERIC Date: 2/1/04

Address: \_\_\_\_\_

This is to certify that the patient was examined and treated at the hospital on 2/1/04

**PHYSICIAN'S OBSERVATIONS**

Impression: AD

Diagnosis: Low back pain

**RECOMMENDATIONS**

1. Rest period

1. Application of heat/cold

The patient is advised not to discontinue the patient from customary work or require medical attention for a period of 6-8 weeks

from 2/1/04 to 2/15/04. Physically fit to resume work on 2/15/04

ATTENDING PHYSICIAN

LICENSE NO.

[Signature]  
[Date]