

Return-to-Work Status

[Date]

[Employee's Personal Physician's Name]

[Address]

[City, State, Zip Code]

Re: Return-to-Work Status

Dear [Doctor's Name],

[Company name] is committed to returning injured or ill employees to work within their capabilities. We believe that an employee who returns to work as soon as medically appropriate, and within his or her work restrictions, regains economic security, physical strength and flexibility, and improves psychological well-being.

I am writing to ask for your opinion concerning [Employee Name]'s ability to return to work at this time. Enclosed is an analysis of [Employee Name]'s regular job (*and/or proposed transitional employment plan*). Based on your review of the enclosed job analysis (*and/or proposed transitional employment plan*) and your examination of [Employee Name], please choose one or more of the following:

- I release the employee to the job as described in the job analysis (*or proposed transitional employment plan*) effective [date].
- I release the employee to the activities as described under the following conditions (*include medical rationale*):

- I cannot release the employee to any part of the duties described at this time. The medical rationale is as follows:

- An appointment to review the employee's condition further is scheduled for:

Physician's Name

Date

Please feel free to provide any additional comments you have concerning [Employee Name]'s ability to work. Thank you for your assistance with this matter.

Sincerely,

[Name]

[Title]

Enc.: Job description (and/or other attachments)