Date: [Insert Date]

To: [Manager Name / HR Department]
Company: [Company Name]

Subject: Occupational Health Assessment - Return to Work Recommendation

Employee Name: [Employee Name]
Employee ID: [Employee ID/Reference]

Dear [Recipient Name],

Following the Occupational Health assessment conducted on [Date of Assessment], I am writing to provide formal recommendations regarding [Employee Name]'s return to work.

Fitness for Work Status:
[Employee Name] is considered: [Fit to return to work / Fit to return with restrictions / Unfit for work at this time].

Proposed Return Date: [Insert Date]

Recommended Adjustments and Phased Return:

- **Phased Return:** [e.g., Week 1: 4 hours per day, Week 2: 6 hours per day]
- **Workplace Adjustments:** [e.g., Ergonomic chair, limited lifting, frequent breaks]
- **Duties:** [e.g., Avoid heavy machinery, restricted to office-based tasks]

Duration of Adjustments:
These measures are recommended to remain in place until [Date] and will be reviewed on [Follow-up Date].

Additional Comments:
[Insert any additional health-related observations or specific requirements]

Please contact the Occupational Health department if you require further clarification regarding these recommendations.

Sincerely,

[Your Name]
[Your Title/Role]
[Occupational Health Department/Provider]