

Date: [Date]

To: [Supervisor Name / Human Resources]

From: [Physician/Provider Name]

Re: Return to Work Medical Release

Patient Name: [Employee Name]

Date of Birth: [DOB]

Dear [Recipient Name],

This letter serves to certify that [Employee Name] is cleared to return to their clinical duties effective [Start Date]. Due to ongoing recovery, the patient is returning with the following mild cognitive restrictions to ensure patient safety and workplace efficacy:

- **Workload Management:** Limitation of patient volume to [Number] patients per shift for a period of [Duration].
- **Task Complexity:** Assignment to routine clinical tasks; avoidance of high-acuity or emergency response roles until [Date].
- **Memory Aids:** Permission to use written checklists, digital reminders, or "double-check" protocols for medication administration and charting.
- **Environment:** Provision of a quiet workspace for administrative tasks/charting to minimize distractions.
- **Scheduling:** No overtime or back-to-back double shifts. A maximum of [Number] hours per day is recommended.
- **Breaks:** Requirement for a 10-minute cognitive rest break every [Number] hours.

These restrictions are expected to remain in place until [Evaluation Date], at which time the patient will be re-evaluated for a full duty release. Please contact my office at [Phone Number] if you require further clarification regarding these clinical accommodations.

Sincerely,

[Signature of Healthcare Provider]

[Printed Name and Credentials]

[Clinic/Hospital Name]