

Date: [Date]

To: Occupational Health / Human Resources / Nursing Administration

From: [Physician/Provider Name]

Subject: Return to Work Medical Clearance with Restrictions

Patient Name: [Employee Name]

Date of Birth: [DOB]

To Whom It May Concern,

This letter serves to outline the medical restrictions for the above-named patient as they return to their duties as a Triage Nurse, effective [Start Date]. Due to [Medical Condition/Concussion Recovery], the following workplace accommodations are required until [End Date/Follow-up Date]:

1. Screen Time Restrictions:

- Limit total computer and electronic medical record (EMR) use to [Number] hours per shift.
- Frequent "eye breaks" required: 5-10 minutes of non-screen work for every [Number] minutes of screen time.
- Avoid high-glare environments; use of blue light filters or dimmed monitors is recommended.

2. Cognitive and Workload Restrictions:

- Limit triage volume to [Number] patients per hour to allow for increased processing time.
- Avoid multitasking or managing high-acuity trauma/emergent cases during this transition period.
- The patient requires a quiet environment for charting and documentation to minimize sensory overload.
- No overtime or double shifts; maximum shift length of [Number] hours.

3. Physical Environment:

- Allow for rest periods in a low-stimulus area if symptoms (such as headache, dizziness, or confusion) exacerbate.

The patient will be re-evaluated on [Follow-up Appointment Date] to determine if these restrictions can be lifted or modified. Please contact my office at [Phone Number] if you have questions regarding these clinical recommendations.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Credentials/Title]

[Clinic/Hospital Name]