

Date: [Date]

To: [Employee Name]

From: [Supervisor/HR Manager Name]

Subject: Offer of Modified Duty Return to Work

Dear [Employee Name],

Based on the medical evaluation provided by [Physician Name] on [Date], we are pleased to offer you a temporary modified duty assignment for your position as a Medical Assistant. This assignment is designed to accommodate your current cognitive restrictions while allowing you to return to the workplace.

Return to Work Date: [Start Date]

Work Schedule: [Days and Hours]

Supervisor: [Name of Supervisor]

Approved Cognitive Accommodations and Restrictions:

- [Example: No multitasking; focus on one patient/task at a time]
- [Example: Frequent rest breaks of 5 minutes every hour]
- [Example: Written instructions required for all clinical tasks]
- [Example: Reduced noise environment/Limited overhead paging exposure]
- [Example: No calculation of medication dosages]
- [Example: Limit computer screen time to X hours per day]

Modified Job Duties:

- [Example: Rooming patients and taking vital signs at a slower pace]
- [Example: Filing and organizing medical records]
- [Example: Stocking exam rooms]
- [Example: Making follow-up appointment phone calls using a script]

You are expected to follow these restrictions strictly. If you feel a task exceeds your current cognitive capabilities or if you experience an increase in symptoms, please notify your supervisor immediately. We will review your progress and medical status on [Date of Next Review] to determine any necessary adjustments to your duties.

Please sign below to indicate your acceptance of this modified duty offer.

Sincerely,

[Signature of Manager/HR]

[Printed Name and Title]

Employee Acceptance:

I accept the modified duty assignment as outlined above.

Signature: _____ Date: _____