

[Employer Name]
[Company Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

RE: Initial Assessment of Workplace Injury

Dear [Employee Name],

This letter is to acknowledge receipt of your report regarding the workplace injury that occurred on [Date of Incident]. We have completed our initial assessment of the incident reported.

Based on our preliminary review, we have documented the following details:

- **Date of Report:** [Date Report was Filed]
- **Nature of Injury:** [Brief Description of Injury]
- **Location of Incident:** [Specific Department/Area]

At this stage, your claim has been forwarded to our workers' compensation insurance provider, [Insurance Company Name], for formal processing. Their representative may contact you shortly to gather further information or to schedule a medical evaluation if necessary.

Regarding your current work status, we have noted the following:

[Insert either: "You are currently cleared for full duty." OR "You have been cleared for modified duty with the following restrictions: [List Restrictions]." OR "You have been placed on temporary medical leave until [Date]."]

Please ensure that you provide the Human Resources department with updated medical documentation following any follow-up appointments. It is important that you adhere to all safety protocols and medical restrictions during your recovery.

If you have any questions regarding your benefits or the next steps in this process, please contact [Contact Person Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Sender]
[Title/Position]
[Company Name]