Date: [Date]

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

Subject: Return to Work with Strict Physical Restrictions - [Employee Name]

Dear [Recipient Name],

This letter serves as formal notification regarding [Employee Name]'s return to work following major surgery on [Date of Surgery].

Effective [Start Date], the employee is cleared to return to duty; however, they are under **strict physical restrictions** as mandated by their medical provider. These restrictions must be adhered to until [Date of Next Evaluation] or until a formal medical release is provided.

Mandatory Physical Restrictions:

- **Lifting/Carrying:** No lifting, pushing, or pulling of objects exceeding [Number] lbs.
- **Mobility:** No climbing ladders, stairs, or operating heavy machinery.
- **Posture:** No prolonged bending, twisting, or reaching overhead.
- **Duration:** Must be allowed to sit or stand as needed for comfort. [Number]-minute rest breaks required every [Number] hours.
- **Environment:** Restricted to [Sedentary / Light Duty / Office Only] tasks.

The employee is not yet cleared for full, unrestricted duty. Please confirm that these accommodations can be met within their current role or if a temporary reassignment is necessary.

Attached is the formal Physician's Statement for your records. If you have any questions regarding these limitations, please contact [Department/Contact Person].

Sincerely,

[Your Name]
[Your Title/Role]