Date: [Date]

To: [Employee Name]
[Employee ID]
[Employee Address]

Subject: Fitness for Duty Evaluation and Return to Work

Dear [Employee Name],

Following your recent major surgery on [Date of Surgery], we are pleased to hear of your recovery. To ensure your safety and wellbeing as you transition back to the workplace, [Company Name] requires a formal Fitness for Duty evaluation.

Before you may resume your duties on [Proposed Return Date], please have your treating physician complete the attached "Return to Work Certification" form. The evaluation must specifically address your ability to perform the essential functions of your role, which include:

- [Requirement 1: e.g., Lifting up to 20 lbs]
- [Requirement 2: e.g., Prolonged sitting or standing]
- [Requirement 3: e.g., Operating heavy machinery]

If your physician recommends specific work restrictions or a graduated return-to-work schedule, please ensure these are clearly outlined in the documentation. We will review any requested accommodations to determine if they can be reasonably implemented.

Please submit the completed medical certification to the Human Resources Department by [Deadline Date]. You are not authorized to return to the job site until this documentation has been reviewed and approved.

If you have any questions regarding this process, please contact [Contact Person Name] at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]