Date: [Date]

To: [Employer Name/HR Department]
Company: [Company Name]
Address: [Company Address]

Subject: Post-Operative Assessment and Return to Work - [Employee Name]

Dear [Manager Name or HR Representative],

I am writing to provide a formal update regarding the medical status of [Employee Name] following their major surgical procedure on [Date of Surgery].

Based on the post-operative assessment conducted on [Date of Assessment], I have determined that [Employee Name] is:

[ ] Fit to return to full duties without restrictions starting [Date].
[ ] Fit to return to work with the following restrictions/modifications starting [Date].

Recommended Workplace Adjustments:

- **Phased Return:** [e.g., Part-time hours for the first 2 weeks]
- **Physical Limitations:** [e.g., No lifting over 5kg, no prolonged standing]
- **Ergonomic Needs:** [e.g., Specialized seating, frequent stretching breaks]
- **Duration:** These restrictions should remain in place until [Date/Next Review].

Please ensure that the work environment is adjusted to accommodate these medical requirements to prevent any setbacks in the recovery process. A follow-up evaluation is scheduled for [Date].

Should you require further clarification regarding these recommendations, please contact my office directly.

Sincerely,

[Doctor Signature]
[Doctor Name, Title]
[Medical Facility Name]
[Phone Number]