[Date]

[Employee Name]
[Employee ID]
[Address Line 1]
[Address Line 2]

Subject: Notification Regarding Return to Work - Pending Medical Review

Dear [Employee Name],

We acknowledge your request to return to work following your recent major surgery. We are pleased to hear about your progress; however, the safety of your return is our primary concern.

In accordance with company policy, your return to work is currently pending a formal medical review. This process is necessary to ensure that you can safely perform your job duties and to determine if any workplace accommodations are required.

Please note the following requirements:

- A formal Fitness for Duty certificate signed by your surgeon or primary care physician.
- A detailed list of any physical restrictions or limitations (e.g., lifting limits, standing duration).
- An appointment with our Occupational Health department, scheduled for [Date/Time] at [Location].

Until this review is complete and you have received written clearance from Human Resources, you are not authorized to resume your regular work duties. Your status will remain as [Sick Leave/Medical Leave/Short-Term Disability] during this period.

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

Sincerely,

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