[Current Date]

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

RE: Graduated Return to Work Plan - Medical Assistant Position

Dear [Employee Name],

Following our recent discussion and the medical documentation provided by your healthcare provider, we are pleased to welcome you back to [Clinic/Facility Name]. We have developed the following graduated return to work plan to ensure a safe transition back to your full duties as a Medical Assistant.

Transition Period: [Start Date] to [End Date]

Schedule:

- **Phase 1 ([Date range]):** [Number] hours per day, [Number] days per week. Duties restricted to administrative tasks (e.g., scheduling, charting, phone triage).
- **Phase 2 ([Date range]):** [Number] hours per day, [Number] days per week. Inclusion of light clinical duties (e.g., rooming patients, taking vitals).
- **Phase 3 ([Date range]):** Full shifts. Resumption of all duties including [list specific physical tasks like lifting or assisting with procedures].

Work Restrictions and Accommodations:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., Ability to sit for 10 minutes every hour]
- [Restriction 3: e.g., No prolonged standing]

Your supervisor, [Supervisor Name], will meet with you at the end of each phase to assess your progress and comfort level. If you experience any pain or medical complications during this transition, please notify HR immediately.

Please sign below to acknowledge your agreement to this plan.

Sincerely,

[Your Name]
[Your Title]
[Organization Name]

_____
Employee Signature

_____

Date