

Date: [Insert Date]

To: [Employer Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Assessment - Non-Occupational Injury

Dear [Name of Contact Person],

I am writing to provide a medical assessment regarding [Employee Full Name], who is currently under my care for an injury sustained outside of the workplace.

Diagnosis Overview:

The patient has sustained a [Type of Injury, e.g., fractured leg] on [Date of Injury]. This injury is strictly non-occupational and did not occur during the course of employment.

Current Medical Status:

The patient is currently [stable/recovering/undergoing treatment]. Based on my clinical evaluation, the patient is:

- Fit to return to full duties immediately.
- Fit to return to work with the restrictions listed below.
- Unfit for any work duties at this time.

Recommended Restrictions (if applicable):

The following limitations apply from [Start Date] until [End Date/Reassessment Date]:
[List restrictions, e.g., No lifting over 5kg, sedentary work only, frequent breaks].

Expected Duration:

I anticipate the patient will be able to return to full, unrestricted duties by [Expected Date], subject to a follow-up evaluation on [Follow-up Date].

Please contact my office at [Phone Number] should you require further clarification regarding these medical recommendations.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]

[Clinic/Hospital Name]