Date: [Date]

To: [Employer Name/Human Resources Department]
From: [Physician Name, MD/DO]
Re: Return to Work Medical Clearance and Accommodations
Patient Name: [Patient Name]
Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the attending physician for [Patient Name]. The patient is cleared to return to work on [Date] following a medical leave for [Condition/Injury Type, e.g., musculoskeletal strain].

To prevent reinjury and ensure the patient can perform their clinical documentation duties safely, I am prescribing the following ergonomic accommodations for their dictation station:

- **Input Devices:** A hands-free, noise-canceling headset to eliminate repetitive manual gripping of a handheld microphone.
- **Workstation Setup:** A height-adjustable sit-stand desk to allow for frequent position changes.
- **Seating:** An ergonomic chair with adjustable lumbar support and armrests.
- **Monitor:** Monitor arms to ensure the screen is at eye level, preventing neck strain.
- **Workflow:** A break of [Number] minutes for every [Number] minutes of continuous dictation.

These modifications are medically necessary to accommodate the patient's functional limitations. I will re-evaluate the patient's status on [Follow-up Date] to determine if these accommodations need to be adjusted.

If you have any questions regarding these medical requirements, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]
[Clinic/Hospital Name]