To: [Employee Name]

From: [Employer/HR Representative Name]

Date: [Date]

Subject: Ergonomic Evaluation and Return to Work Status

Dear [Employee Name],

Following the recent ergonomic evaluation of your workstation conducted on [Date], we are providing this formal update regarding your return to work status.

The evaluation identified several adjustments and equipment recommendations designed to support your physical health and safety. These modifications have been implemented as of [Date].

We understand that you are currently pending the start of outpatient therapy on [Therapy Start Date]. Based on the results of the ergonomic assessment and your current medical documentation, you are cleared to return to work with the following status:

Status: [Return to Work Date]

Modified Duties/Restrictions: [Insert specific restrictions or 'None']

During this period, while you await and attend your outpatient therapy sessions, we will continue to monitor your progress. Please ensure that you provide any updated medical documentation or therapy progress reports to [Department/Name] to ensure your workstation continues to meet your clinical needs.

If you experience any discomfort or if the ergonomic adjustments require further tuning, please notify [Contact Person] immediately.

Sincerely,

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