

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Job Title]

Subject: Notification of Medication Side Effects and Safety Compliance

Dear [Employee Name],

This letter is to confirm your return to work effective [Insert Date] following your recent medical leave.

As part of our commitment to workplace safety, we are formally acknowledging that you have informed the company that you are currently taking medication that may result in side effects. These side effects may include, but are not limited to: [Insert side effects, e.g., drowsiness, reduced reaction time, or dizziness].

Please be advised of the following requirements during your transition back to work:

- **Safety Restrictions:** You are prohibited from operating heavy machinery, driving company vehicles, or performing high-risk tasks until cleared by a medical professional.
- **Duty to Report:** You must immediately notify your supervisor if you experience a sudden increase in symptoms or if you feel unfit to perform your assigned duties safely.
- **Medical Documentation:** Please provide an updated note from your healthcare provider by [Insert Date] detailing any specific work restrictions or the expected duration of these side effects.

Our primary goal is to ensure your well-being and the safety of your colleagues. If you require any reasonable accommodations during this period, please contact the Human Resources department.

Please sign below to acknowledge that you have received this warning and understand the safety protocols outlined above.

Sincerely,

[Sender Name]

[Sender Title]

[Company Name]

Employee Acknowledgment:

Signature: _____ Date: _____