

**Date:** [Insert Date]

**To:** [Supervisor Name / Human Resources Department]

**From:** [Employee Name]

**Employee ID:** [Insert ID Number]

**Subject: Post-Treatment Return to Work and Medication Advisory**

Dear [Recipient Name],

Following my recent medical treatment, I am writing to formally notify you of my return to work effective [Date]. My healthcare provider has cleared me to resume my duties; however, I have been prescribed medication as part of my ongoing recovery plan.

Regarding this medication, please note the following:

- **Duration:** I expect to be on this medication until approximately [Date].
- **Potential Side Effects:** Possible side effects may include [List side effects, e.g., drowsiness, reduced reaction time, or "None that impact safety"].
- **Workplace Safety:** [State whether you can perform all tasks or if specific tasks, like operating heavy machinery, should be avoided].

I have attached a note from my physician confirming my fitness for duty and any specific medical restrictions required during this period.

I am committed to performing my role safely and effectively. Please let me know if we need to discuss any temporary workplace adjustments or if you require further documentation.

Sincerely,

[Your Signature]

[Your Printed Name]