

Date: [Insert Date]

To: [Employee Name]

Position: [Job Title]

Subject: NOTICE OF PHARMACEUTICAL IMPAIRMENT AND SAFETY RESTRICTIONS

Dear [Employee Name],

This letter follows your medical evaluation on [Date] regarding your return to work at [Clinic Name].

During the assessment, it was noted that you are currently prescribed medications that may cause impairment. Specifically, these medications may result in drowsiness, slowed reaction times, or reduced cognitive function. In a clinical environment, such impairment poses a direct risk to patient safety and the integrity of medical procedures.

Effective immediately, the following restrictions apply:

- You are prohibited from performing direct patient care or clinical procedures while under the influence of this medication.
- You may not operate heavy machinery or clinic vehicles.
- You must notify your supervisor immediately if you experience increased side effects that interfere with your assigned administrative duties.

This warning serves as a formal notice that working while impaired by any substance, including prescribed pharmaceuticals, is a violation of our Occupational Health and Safety policy. Failure to adhere to the restrictions listed above may result in disciplinary action, up to and including termination of employment.

We will re-evaluate your fitness for full clinical duties on [Date of Follow-up]. Please provide an updated medical release from your treating physician at that time.

Sincerely,

[Signature]

[Name of Clinic Manager/Medical Director]

[Clinic Name]

Employee Acknowledgment:

I acknowledge that I have received this warning and understand the restrictions placed upon my return to work.

Signature: _____ Date: _____