

**Date:** [Date]

**To:** [Employer Name/HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject:** Return to Work Medical Notification - [Employee Name]

Dear [Recipient Name],

This letter is to confirm that [Employee Name] is cleared to return to work effective [Start Date].

Please be advised that as part of their ongoing medical treatment, the patient has been prescribed medication that may cause **drowsiness** or **reduced alertness** as a side effect.

Due to these potential effects, I recommend the following workplace precautions for the duration of this treatment:

- Avoid operating heavy machinery or power tools.
- Avoid driving company vehicles.
- Avoid tasks requiring high-altitude work or precise physical coordination.
- [Insert Additional Restriction or "None"]

These restrictions are expected to remain in place until [Expected End Date or "further notice"]. The patient is otherwise capable of performing sedentary or office-based duties that do not compromise safety.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]