

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Position: [Insert Job Title]

Subject: NOTICE REGARDING MEDICATION USE AND SAFETY HAZARDS

Dear [Employee Name],

We are pleased to welcome you back to work effective [Date]. As you return to your duties, we must address the safety requirements regarding your current medication use as disclosed in your medical documentation.

Based on the information provided, your medication may cause side effects such as [drowsiness, impaired motor skills, dizziness, or slowed reaction time]. Because your role involves [operating heavy machinery, driving, or other safety-sensitive tasks], these side effects pose a potential hazard to yourself and your colleagues.

Mandatory Safety Requirements:

- You must notify your supervisor immediately if you feel any impairment or side effects while on duty.
- You are prohibited from performing [Specific Task] while under the influence of any medication that warns against operating equipment.
- You must adhere to the dosage and timing instructions provided by your healthcare provider to minimize workplace risks.

Workplace Accommodations:

To ensure safety, the following temporary modifications have been made to your duties: [Insert temporary duty changes or "None at this time"]. These modifications will remain in place until [Date] or until we receive medical clearance stating you can perform full duties without risk.

Please sign below to acknowledge that you understand these safety requirements and agree to report any changes in your ability to perform your job safely.

Sincerely,

[Name of Manager/HR Representative]

[Title]

[Company Name]

Employee Acknowledgment:

I acknowledge that I have received this warning and understand the safety restrictions regarding my medication use.

Signature: _____ Date: _____