

**Date:** [Date]

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

**Department:** [Clinical Department Name]

**Facility:** [Hospital/Clinic Name]

**Subject:** Return to Work Notification - [Staff Member Name]

Dear [Recipient Name],

This letter is to formally notify you that I am cleared to return to work on [Date] following my medical leave. My healthcare provider has authorized my return to clinical duties with the specific requirement of using a manual/power wheelchair for mobility.

To ensure a safe and effective transition back to the clinical environment, I would like to request a meeting to discuss reasonable accommodations, including:

- Accessibility within the nursing station and patient rooms.
- Modifications to physical tasks that require standing or lifting.
- Adjustments to my workstation height or layout.
- Emergency evacuation procedures.

I have attached the medical documentation from my physician detailing my functional capabilities and the duration of these requirements. I am committed to maintaining high standards of patient care and look forward to coordinating with the occupational health team to resume my role.

Please let me know a convenient time to discuss the implementation of these accommodations.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]

[Your Employee ID]