

**Date:** [Date]

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

**Company:** [Company Name]

**Address:** [Company Address]

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

Dear [Recipient Name],

This letter serves to certify that [Employee Name] has been under my care following the fitting and rehabilitation process for a prosthetic limb. I am pleased to inform you that [Employee Name] is medically cleared to return to work effective [Start Date].

**Functional Capabilities:**

The employee has achieved proficiency in using their assistive device for daily professional activities. They are capable of performing the essential functions of their position with the following considerations:

- **Work Schedule:** [Full-time / Part-time / Gradual re-entry]
- **Physical Restrictions:** [List specific restrictions, e.g., lifting limits, or state "None"]
- **Assistive Device Needs:** The employee requires the use of their prosthetic limb at all times during work hours.

**Requested Accommodations:**

To ensure a safe and productive environment, we recommend the following minor accommodations:

[List accommodations, e.g., ergonomic chair, leveled walking surfaces, or brief rest periods to manage skin integrity.]

I will continue to monitor the patient's progress. Please contact my office at [Phone Number] if you require further clarification regarding these medical recommendations.

Sincerely,

[Physician/Prosthetist Name]

[Title/Credentials]

[Medical Facility Name]