

Date: [Insert Date]

To: [Employer Name/Human Resources]

From: [Physician/Healthcare Provider Name]

Re: Return to Work Evaluation for [Employee Name]

Dear [Recipient Name],

I am writing to provide medical clearance for [Employee Name] to return to their duties as a [Employee Job Title], effective [Start Date].

Due to a diagnosed hearing impairment, it is medically necessary for the employee to use a specialized stethoscope as an assistive device to perform clinical tasks safely and accurately. This device is required to ensure the employee can effectively monitor heart, lung, and bowel sounds while compensating for specific frequency deficits.

The recommended accommodation includes the use of:

- [Insert Specific Model, e.g., Amplified Electronic Stethoscope]
- [Insert Accessory, e.g., Visual Display Transmitter or Hearing Aid Integration Interface]

With the use of this assistive technology, the employee is fully capable of performing all essential functions of their position without further restrictions. No other workplace modifications are requested at this time.

Please contact my office at [Phone Number] if you require additional documentation regarding this medical necessity.

Sincerely,

[Physician Signature]

[Physician Name, Credentials]

[Medical Facility Name]