

[Date]

[Employee Name]

[Employee ID]

[Address]

[City, State, Zip Code]

Re: Return to Work and Modified Duty Assignment

Dear [Employee Name],

We are pleased to confirm your return to work at [Clinic Name] effective [Start Date]. Based on the medical documentation provided by [Physician Name] dated [Date of Note], you have been cleared to return to work with specific physical restrictions regarding heavy lifting.

Work Restrictions:

- You are restricted from lifting, carrying, pushing, or pulling any objects weighing more than [Weight Limit, e.g., 10 lbs].
- This restriction is in effect until [End Date or "Next Evaluation Date"].

Work Assignment:

To accommodate these restrictions, your duties will be modified as follows: [List modified tasks, e.g., Administrative duties, patient check-in, or charting]. You are instructed not to perform any tasks that exceed your lifting limit. If a task requires heavy lifting, please request assistance from [Manager Name/Department].

Please notify your supervisor immediately if you experience any physical discomfort or if your medical provider changes these restrictions.

We look forward to having you back on the team.

Sincerely,

[Signature]

[Name of Manager/HR Representative]

[Title]

[Clinic Name]