Date: [Date]

To: [Employer Name / Human Resources]

Company: [Clinic or Hospital Name]

RE: Return to Work and Medical Restrictions

Employee Name: [Employee Full Name]

To Whom It May Concern,

This letter is to provide medical clearance for [Employee Name] to return to work as a Medical Assistant effective [Start Date].

Due to a documented medical condition, the employee is subject to the following work restriction regarding prolonged standing:

- **Prolonged Standing Restriction:** The employee must not stand for more than [Number] consecutive minutes without a [Number] minute sitting break.
- **Total Standing Time:** The employee is limited to a total of [Number] hours of standing per 8-hour shift.
- **Equipment Needs:** It is recommended that the employee be provided with a stool or chair at their workstation or in the exam rooms to perform administrative and clinical tasks while seated whenever possible.

These restrictions are expected to remain in place until [End Date or "Next Evaluation Date"]. All other job functions, such as blood draws, vitals, and charting, may be performed as long as the standing limitations are respected.

If you have any questions or require further clarification, please contact my office at [Phone Number].

Sincerely,

[Doctor Name, Credentials]
[Medical Facility Name]
[License Number]