

Date: [Insert Date]

To: [Supervisor/Manager Name]

Department: [Insert Department Name]

Subject: Return to Work with Radiation Hazard Limitations

Dear [Manager Name],

This letter serves to formally notify you that [Employee Name] is cleared to return to work effective [Date].

Based on medical evaluation and safety protocols, the following work limitations regarding radiation hazards must be implemented:

- **Exposure Limit:** The employee must not exceed [Specific Dose] per [Time Period].
- **Restricted Areas:** The employee is prohibited from entering [Specific Rooms/Zones] where active radiation sources are present.
- **Task Restrictions:** The employee may not perform [Specific Tasks, e.g., operating X-ray machinery or handling isotopes].
- **Safety Equipment:** The employee must wear a personal dosimeter at all times and [List other PPE, e.g., lead aprons].

These limitations shall remain in effect until [Date] or until further clinical review. We will monitor the employee's exposure levels regularly to ensure compliance with occupational health standards.

Please acknowledge receipt of this letter and confirm that the necessary workspace adjustments have been made.

Sincerely,

[Your Name]

[Your Title/Radiation Safety Officer]

[Company/Clinic Name]