

Date: [Insert Date]

To: [Recipient Name/HR Department]

Company: [Company Name]

Address: [Company Address]

RE: Return to Work and Medical Accommodation for [Employee Name]

Dear [Name],

I am writing on behalf of my patient, [Employee Name], regarding their return to work effective [Date].

Upon clinical evaluation, it has been determined that [Employee Name] is medically cleared to perform their regular job duties, provided that specific environmental accommodations are met. Due to a documented medical sensitivity, the patient must strictly avoid exposure to chemical sterilants, including but not limited to:

- Ethylene Oxide
- Glutaraldehyde
- Hydrogen Peroxide vapors
- Peracetic Acid
- [Insert specific chemical if applicable]

To ensure a safe return to the workplace, the following restrictions are required:

- Relocation of workstation away from areas where chemical sterilization occurs.
- Avoidance of rooms with active chemical soaking or high-level disinfection processes.
- Ensuring the patient is not required to handle or transport items recently processed with chemical sterilants that may still be off-gassing.

These restrictions are [Permanent / Temporary until Date]. Please notify us if you are unable to accommodate these requirements so we can discuss alternative options for the patient's safety.

Thank you for your cooperation in this matter.

Sincerely,

[Doctor Name, MD/DO]

[Practice Name]

[Phone Number]

[Medical License Number]