

[Employee Name]
[Employee Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

RE: RETURN TO WORK AUTHORIZATION - ENVIRONMENTAL RESTRICTIONS

Dear [Manager Name or Human Resources],

This letter serves as formal notification that [Employee Name] is cleared to return to work effective [Date].

Due to recent recovery from an airborne pathogen, the following environmental restrictions and accommodations are required to ensure a safe transition and the safety of the workplace:

- **Air Quality:** Workstation must be located in an area with high-efficiency particulate air (HEPA) filtration or enhanced ventilation (minimum [Number] air changes per hour).
- **Social Distancing:** A minimum distance of [Number] feet from other workstations must be maintained for a period of [Number] days.
- **Personal Protective Equipment (PPE):** The employee is required to wear a [Type, e.g., N95 or surgical] mask while in common indoor areas.
- **Physical Exertion:** Limit physical activity to light duty to prevent respiratory strain until [Date].

These restrictions are expected to remain in place until [End Date] or until further clinical evaluation. Please confirm that these environmental accommodations can be met prior to the return date.

Attached is the medical clearance documentation from [Healthcare Provider Name].

Sincerely,

[Physician Signature]
[Physician Name/Clinic Name]
[License Number]
[Contact Information]