

Date: [Insert Date]

To: [Supervisor Name / Human Resources Department]

Company: [Company Name]

Subject: Return to Work and Chemotherapy Handling Restrictions

Dear [Recipient Name],

This letter serves to confirm that [Employee Name] is cleared to return to work effective [Return Date].

Due to specific medical health and safety requirements, the following work restrictions must be observed until further notice:

- **No Direct Handling:** The employee must not have direct contact with cytotoxic (chemotherapy) drugs or related hazardous waste.
- **Preparation and Administration:** The employee is restricted from compounding, preparing, or administering chemotherapy agents.
- **Spill Management:** The employee must not participate in the cleanup of chemotherapy spills.
- **Contaminated Materials:** The employee should avoid handling linens, clothing, or bodily fluids of patients who have received chemotherapy within the previous 48 to 72 hours.

The employee is capable of performing all other essential job functions, including [List permitted duties, e.g., administrative tasks, non-hazardous medication administration, general patient care].

These restrictions are necessary to ensure the health and safety of the employee. We will re-evaluate these limitations on [Review Date].

If you have any questions regarding these medical requirements, please contact my office.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Facility Name]

[Phone Number]