

Date: [Insert Date]

To: [Supervisor Name or HR Department]

Company: [Company Name]

Subject: Return to Work and Medical Restrictions Regarding Latex and Formaldehyde

Dear [Recipient Name],

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

Due to diagnosed sensitivities/allergies, the following permanent environmental restrictions must be implemented to ensure a safe working environment:

- **Latex Restriction:** The employee must not have direct skin contact with natural rubber latex (NRL). The workspace and equipment used must be latex-free.
- **Formaldehyde Restriction:** The employee must avoid environments with significant off-gassing or concentrated exposure to formaldehyde and formaldehyde-releasing preservatives.
- **Protective Measures:** The employee should be permitted to use non-latex (nitrile or vinyl) gloves and work in a well-ventilated area away from chemical storage or heavy manufacturing processes involving the aforementioned substances.

Please confirm that these accommodations can be met to facilitate a safe return. Attached is the medical documentation supporting these requirements.

Sincerely,

[Physician Name/Signature]

[Medical Practice Name]

[Contact Phone Number]

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**Employee Acknowledgment:**

I, [Employee Name], acknowledge these restrictions and will report any environmental concerns to my supervisor immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_