

**Date:** [Insert Date]

**To:** [Occupational Health Department / Medical Practitioner Name]

**Address:** [Insert Address]

**Subject:** Referral for Return to Work Assessment

**Employee Name:** [Insert Employee Name]

**Job Title:** [Insert Job Title]

**Department:** [Insert Department]

Dear [Recipient Name],

I am writing to formally transfer the case of the above-named employee to your department for a formal Return to Work (RTW) assessment. The employee has been on medical leave since [Start Date] due to [Reason for Absence/General Health Issue].

The purpose of this assessment is to determine the employee's fitness to resume their duties and to identify any necessary workplace adjustments. Please consider the following during your evaluation:

- Current capacity for physical/mental tasks required by the role.
- Recommended phased return-to-work schedule (if applicable).
- Specific ergonomic or environmental modifications needed.
- Any ongoing limitations or restrictions.

I have attached the employee's job description and the relevant medical certification provided to date. We request a formal report outlining your findings and recommendations by [Insert Deadline Date].

Please contact me if you require further information regarding the employee's role or operational requirements.

Sincerely,

[Your Name]

[Your Title]

[Company Name]