# Letter to Employee

Date

Dear Employee's Name,

We are concerned to hear of your recent injury. We wish to assist you in your recovery and help you return to your regular duties when it is safe and appropriate.

We have provided you with the following Injured Employee Care Package that includes:

1. **Letter to Physician or other Health Care Specialist:** This form explains the Name of Company’s Return to Work and Stay at Work program to the physician or other Health Care Specialist and authorizes him/her to disclose information pertaining to this injury with your employer.
2. **Physical Demands Analysis Form:** This form gives detailed information to the Physician or other Health Care Specialist on the current physical demands of your duties.
3. **Physician or other Health Care Specialist’s Assessment of Employee’s Return to Work:** This formdetails what the Physicianother Health Care Specialist advises you are physically able to do safely during recovery.
4. **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Kindly forward this package to your physician and ask him/her to return the completed forms to Name of Company as requested in the attached documentation.

Please be assured that all information provided will be kept confidential. If your physician has any questions regarding our program or related matters, we have provided the following contact numbers.

Calls should be directed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at phone number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_.

After you have seen your physician, please contact your manager/supervisor, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at phone number (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ to let us know your condition.

If you are capable of performing light or modified duty, we will develop a modified Return to Work Plan that accommodates your needs and supports your safe recovery.

If you have any questions or concerns, do not hesitate to call. With your participation and cooperation we may work together toward your return to your regular duties.

\*Please be advised that your Physician/other Health Care Specialist plays an important role in your recovery and will communicate relevant and appropriate information with the employer and other involved health care professionals to facilitate your safe and timely return to the most productive employment possible.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Manager/Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number