# Letter to Physician/other Health Care Specialist

To the Attending Physician or other Health Care Specialist,

Name of Company has developed a Return to Work and Stay at Work program to assist in the rehabilitation of injured employees. Return to Work and Stay at Work programs for employees with work-related injuries enable our company to facilitate the employee’s safe return to work while also reducing the impact of injury and illness on the business.

The employee suffers no loss in remuneration and is assigned productive meaningful work, which takes into consideration any physical restrictions, identified by you, the medical practitioner. The modified work may consist of modifying the employee’s existing job by removing those tasks the employee is currently unable to do; or by providing transitional/part-time work until the employee is able to return to full time duty; by providing an alternate productive job; by providing a training opportunity; or by a combination of the above.

Return to Work and Stay at Work programs are beneficial for both the employee and the company.

Thank you for your valuable time and cooperation. If there are any questions in regards to this program, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (manger/supervisor/owner)

at (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In order that we, the employer, may help in rehabilitation following this injury, we would like you to be aware that we can offer the employee, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Stay at Work light duties subject to your instructions. This is done to enable the injured employee to remain on the job. **This does not in any way negatively affect the employee’s WCB claim.**

As appropriate, the injured employee or the Physician must return the accompanying form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (manager/supervisor/owner).

**Please fax to:** (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or email to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or mail to Business Address:**

|  |
| --- |
|  |
|  |
|  |
|  |

Sincerely,

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

Employee’s Manager/Supervisor

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

Phone Number