

Dear _____,

I trust this letter finds you well. I am writing to inform you that _____ has been under my care for medical reasons. After a thorough examination, my professional recommendation is that _____ be placed under work restrictions.

| Employee details | |
|-----------------------------------|--|
| Name | |
| Date of birth | |
| Position/department | |
| Medical condition | |
| Work restriction details | |
| Duration of work restriction | |
| Recommended work hours | |
| Physical limitations | |
| Task restrictions | |
| Workspace modifications | |
| Follow-up appointments | |
| | |
| Communication and confidentiality | |
| | |

Thank you for your understanding and cooperation.

Sincerely,