**WORK RESTRICTIONS LETTER FROM DOCTOR**

April 27, 20XX

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Dear **[Name],**

**[Employee Name]** is suffering from a wrist injury that will prevent them from fulfilling all of their workplace duties. It is my hope that they can return in a limited capacity as this injury heals. They will not be able to perform any strenuous activities, such as carrying boxes or lifting equipment.

Typing tasks and computer work is possible but should be limited. I have recommended cushioned wrist pads that the employee will bring into the workplace. I also recommend they reduce their hours to avoid strain and to make time for their physiotherapy appointments, which will occur twice a week.

Thank you for making the necessary adjustments to allow **[Employee Name]** to return back to work in a limited capacity for the next six weeks.

Sincerely,

**[Doctor Name]**

**[Doctor Signature]**

**[Date Signed]**