**WORK RESTRICTIONS LETTER FROM DOCTOR**

Dear Sir,

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Employee Name)** understand that my treating physician has released me to return to work as of**[Date]**with the following restrictions:

**[List restrictions]**

I understand that under no circumstances am I permitted to perform job duties that requires me to violate the above listed restrictions. Should such job duties need to be performed, I will ask or delegate another team member to perform them. I understand that my inability to perform these motions at this time will not be taken into account when my performance is reviewed and I will not be retaliated against based on my current medical status or work restrictions. Should I have any concerns in this regard, I will immediately bring them to the attention of the Human Resources Department.

I understand the restrictions listed here and agree to follow them at all times during the course of my work at **[Company Name](until your doctor revises the restrictions)**.

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (print):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**