

Month, Date, Year

RE: Injured Worker's Name, Claim Number and Date of Injury

Dear Doctor's Name:

We received a medical note from you dated Month, Date, Year. You indicated Injured Worker's Name is unable to return to work at this time. However, we would like to have our employee return to work and as such we have light duty work available. The light duty work we have available consists of the following duties:

* List Light Duty examples here in bullet format see below for examples
* Changing out pricing tags (This can be performed in a seated position.)
* Operating the cash register (This can be performed in a seated position.)
* Answering phones
* Scanning paperwork
* Watching training videos

is Injured Worker's Name able to return to work to perform the above light duty tasks?

[ ]  Yes [ ]  No

If yes, please list specific light duty restrictions:

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Doctor’s Signature Date

Sincerely,

Employer Representative Name

Title

Agency

Contact Information