

Letter A

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Return to work letter from Employer to GP

Employee name, Dob and address

Dear Dr.....

Your patient, has been signed off from all work for/since
.....

He/she is employed as a(job title) and his/her normal work involves
.....(brief summary).

Further to our discussion with(Employee name) on(date)
we have put together a return to work plan to commence on(date).

This plan has been designed to take account of his/her functional capabilities
and/or address the barriers that the stated medical problem has introduced to
his/her usual working pattern.

The adjustments we have agreed are:

1. ###
2. ###
3. ###
4. ###

We would be grateful if, in your role as GP and patient advocate, you could
consider whether there are any medical reasons for us not to proceed with
this return to work plan. If the plan is appropriate, it would be beneficial if you
could provide a fit note to your patient reflecting the adjustments from
.....(date). (A reference to this letter would suffice).

If we have not received a reply, via our employee or otherwise, within 14 days
we will assume that the return to work proposal is appropriate and it will be
implemented. Please contact me with any queries or concerns. My phone
number isand my address....

Yours sincerely,

..... (manager)

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I consent to my GP communicating with my manager about the above return to work plan.

Signed (patient)