

Return to Work Letter to Health Professional Template



Workers comp laws of most jurisdictions (Alberta, Saskatchewan, Northwest Territories and Nunavut are the lone exceptions) require employers to re-employ workers who suffer work-related injuries covered by workers comp once they're medically capable of returning to work. Getting a functional assessment from a doctor or other health professional is crucial to that process because it enables you to determine what jobs the worker is and is not capable of doing safely and effectively. Here's a template letter to a health professional requesting a functional assessment that you can adapt for your own use based on the circumstances of the case and the workers comp laws that you're subject to.

LETTER TO HEALTH PROFESSIONAL

Re: *[name of injured worker]*

Dear *[name of health professional]*:

As you may be aware, ABC Company has a Return to Work program designed to enable workers who suffer work-related injuries and illnesses to come back to work as soon as they are medically capable of doing so in a manner that won't endanger their health, safety or welfare. In furtherance of this Program, we are committed to understanding and respecting the limitations of injured and ill workers so that we can offer them appropriate rehabilitative work at every stage of their

recovery.

The success of our Return to Work process depends upon the timely and accurate completion of the attached assessment form which indicates an injured or ill worker's functional abilities. We would appreciate receiving as much detailed information as you are able to provide about the worker's abilities. Please be assured that we will use this information solely for the purposes of determining what job duties the worker can and cannot do safely and effectively.

ABC Company is also prepared to make reasonable accommodations to the work or workplace necessary to allow for a safe return to work without risk of aggravation to the worker's injury and facilitating the worker's successful recovery. You will note that the worker is required to sign the bottom of the assessment form indicating their consent to release their functional abilities to the employer.

You will be paid for the completion of the form in accordance with the *[list province]* Workers Compensation Board reimbursement schedule.

If you have any questions or concerns about this assessment please feel free to contact *[list RTW case manager or other contact]*.