

## Letter B

### Return to work letter from Employer to GP

Employee name, Dob and address

Dear Dr.....

#### **Re: Your patient ..... and a proposal for Return to Work**

We write with regard to your Fit Note dated: .....in which you have advised your patient .....(*Employee name*) 'you may be fit for work' (taking account of advice you have provided on the Fit Note).

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 with our employee are detailed in the summary plan attached. This return to work plan will be subject initially to a two weekly review to assess if this agreed plan is suitable for the employee, given his medical condition and any possible concerns he may have.

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 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 is .....and my address.....

Yours sincerely,

.....(manager)

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

Signed.....(patient)