

[date]

Dr. ....

[Physician Address]

Subject: UGA Return to Work Program

Dear Dr. ....:

UGA is very concerned about our employee's well being. Studies show that injured workers who are returned to productive work as soon as possible following an injury experience less disability. Work becomes part of their treatment and aids their recovery. To help with this process we have instituted an early return-to-work program.

We would like all our employees to be released to their usual and customary duties as soon as their medical condition permits. When this is not feasible, we are willing to accommodate our employees' physical restrictions and functional capacity, for a temporary period of time, until the employee can be released to full duty.

For our employee, please complete the attached "Return-To-Work Physical Assessment Form" to guide us in the development of a suitable duty for our employee.

Thank you for your commitment to the treatment and recovery of our employee. I hope you are doing well.

Cordially,

[your name and title]