Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Doctor:

TUCKER HI-RISE CONSTRUCTION is committed to meeting the health care needs (both acute medical and rehabilitative) of employees sustaining workplace injuries. A return to work program has been developed and implemented that provides our injured employees with modified work duties that will not in any way infringe upon their injury, and that will not prove hazardous to fellow workers.

If this is an initial visit with an injured worker, please complete the **Form 8** and detach and provide the injured worker with the completed third page.

We are prepared to offer all accommodations that you may feel necessary including transportation, if medically warranted, to assist our employee’s return to these accommodated duties. Assignments will be based on the physical restrictions and limitations noted on the completed Functional Abilities Form.

Please find enclosed:

1. Modified Work Description or Physical Demands Analysis that are available for the injured employee.
2. Form 8 or Functional Abilities Form (to be used for each subsequent visit) for a timely Return to Work.

We would ask you to kindly review the physical demands of the available positions, and to complete the Functional Abilities information and provide a copy to the injured worker.

Your cooperation in helping to keep our employees fully employed when they have sustained minor injuries is greatly appreciated.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management

Attachment - Functional Abilities Form

- Suitable Modified Job Description/Physical Demands Analysis