

APPENDIX II

LETTER TO THE TREATING MEDICAL PRACTITIONER

Date:

Dear sir/ma

_____ (employee name) is employed by the
_____ (employer's name) as a _____ (Position title).

Our Workplace Rehabilitation Policy encourages the early return of our staff to full employment as soon as practicable following an injury or illness. Where possible, staff are returned to their usual work or some suitable work within their capacity.

I would appreciate your help in formulating a Rehabilitation and Return to Work Plan to ensure that _____ (employee name) can safely return to his/her usual work or is provided with appropriate suitable duties if necessary.

Any information you could provide on the attached Work Capabilities Form would be most useful in assisting us to provide meaningful and appropriate duties.

We look forward to your contribution to our rehabilitation team effort.

Yours sincerely,

Occupational Health Physician / Occupational Health Nurse