

[Current Date]

[Injured Worker's Name and Address]

**RE: Post-Injury Medical Status**

Dear

All employees are vital to the productivity and success of Idaho State University in meeting its mission and goals. When an employee is ill or injured, our efforts are focused on your recovery and your earliest safe return to work. Good communication between you, your physician or other healthcare professional, and ISU is important to this effort. We look forward to hearing from you soon and wish you a speedy recovery. We strongly encourage you to contact us at least once per week to let us know how you are doing and when you plan on returning to work. Please contact me at your earliest convenience so we may discuss these matters at ext. ( ).

I am enclosing a copy of the Idaho State University's Return-to-Work Program. Please review the information and call me if you have questions or concerns. You should be under the care of one of our Preferred Physicians or Preferred Healthcare Professionals. As part of this Program, we will contact your physician or other healthcare professional so that we can remain up-to-date on your progress.

For work-related injuries or illnesses that result in medical treatment, the Preferred Physician or Preferred Healthcare Professional completes the *Physical Assessment Form*, or equivalent, at the time of your first visit and sends it on to \_\_\_\_\_.

If you are not immediately able to return to your regular job duties, we will try to provide a Temporary Restricted or Light Duty Assignment for you. You will continue to receive regular wages and benefits for hours worked in a Temporary Restricted or Light Duty Assignment. If an assignment is available, it will be based on your Preferred Physician or Preferred Healthcare Professional's instructions written on the Physical Assessment Form and will continue until one of the following occurs:

- Your Preferred Physician or Preferred Healthcare Professional releases you to regular duties.
- Your Preferred Physician or Preferred Healthcare Professional indicates you have permanent restrictions or a disability that will prevent you from returning to your regular job duties. In this case, contact \_\_\_\_\_.
- Appropriate restricted or light duty assignments are not available or are no longer available.
- The term of your Temporary Restricted or Light Duty Assignment has ended.

While you are off work or working in a temporary light duty assignment, you must:

- Maintain regular contact on at least a weekly basis with your supervisor.
- Provide the Preferred Physician or Preferred Healthcare Professional with accurate information about your job duties.
- Provide the RTW Coordinator or appropriate office with the Physical Assessment Forms completed

by your Preferred Physician or Preferred Healthcare Professional after each visit. Only this form or one with similar information will be accepted as documentation of authorized medical leave.

· Ensure the RTW Coordinator has your current address and phone number.

If you have questions or require information regarding your Workers Compensation claim, please contact the RTW Coordinator. If you have questions regarding your employment status, please contact me. I look forward to you returning to work.

Sincerely,

[Supervisor Name]

enclosure:

c: RTW Coordinator