



NOTICE TO INJURED EMPLOYEE

Company name: _____

Procedures following injury

You are valuable to _____ **Company name** _____ and we are committed to doing everything we can to work with you to achieve a successful recovery and return to work.

Our disability management program is designed to help you return to work safely and at the earliest opportunity, using modified work alternatives if needed.

We have provided you with a package of information that includes the following:

1. Fitness for work form
2. Physical demands analysis
3. Modified work task list

These forms are very important in planning for your return to work.

Please fill out the authorization to release information section of the fitness for work form and ask the doctor, physiotherapist or chiropractor you are seeing to complete the fitness for work section while you are there. Make sure it is returned to us as soon as possible or contact _____ **Name** _____ at **Telephone number** _____ if you are unable to do so.

If you must be off work, please contact _____ **Name** _____ at **Telephone number** _____ each week and after seeing your doctor, physiotherapist or chiropractor to keep us up to date about your progress.

Should it be necessary to temporarily place you on modified work duties to accommodate an early return to work, we will continue your regular job rate of pay.

Please contact _____ **Name** _____ at **Telephone number** _____ if you have any questions or if there is anything we can do to assist you.

Yours truly,

Company designate