**Sample Letter to Health Care Professional**

*Company Name*

*Company Address*

*Key Contact Person*

Dear *(Health Care Professional)*:

*(Company Name / Organization)* is committed to supporting our employees through the recovery process when a workplace injury or illness occurs. We have a Stay at Work (SAW) / Return to Work (RTW) Program in place to assist employees in their recovery and are willing to provide them with modified or alternate duties according to their functional abilities.

Employee participation in the functional assessment is important to ensure we can understand how to protect workers when they return to work. Please complete and submit the Physical Abilities Report – Form E from Workers’ Compensation Board (WCB) of Nova Scotia.

We will review the information contained in Form E, work with WCB, you, and the injured employee to develop a plan for their return to work that ensures their tasks stay within the parameters you have set.

Thank you in advance for your support. If you have any questions or concerns, please do not hesitate to contact me at (xxx) xxx-xxxx.

Thank you,

*Company signature*