



# NORTHERN HILLS TRAINING CENTER

*Our goal is to help others reach theirs.*

Date:  
Employee:  
Job position:  
Date of injury:

Dear Medical Provider:

We at Northern Hills Training Center are very concerned about our employees' well being. Studies show that injured workers who are returned to productive work as soon as possible following an injury experience less disability. Work becomes part of their treatment and aids their recovery. To help with this process we have instituted an early return-to-work program.

We would like all our employees to be released to their usual and customary duties as soon as their medical condition permits. When this is not feasible, we are willing to accommodate our employees' physical restrictions and functional capacity, for a temporary period of time, until he/she can be released to full duty.

Please complete the attached "Early return-to-work physical assessment form" to guide us in the development of \_\_\_\_\_ early return-to-work plan. Thank you for your commitment to the treatment and recovery of our employee.

Cordially,



Dan Cross  
Staff Development Coordinator