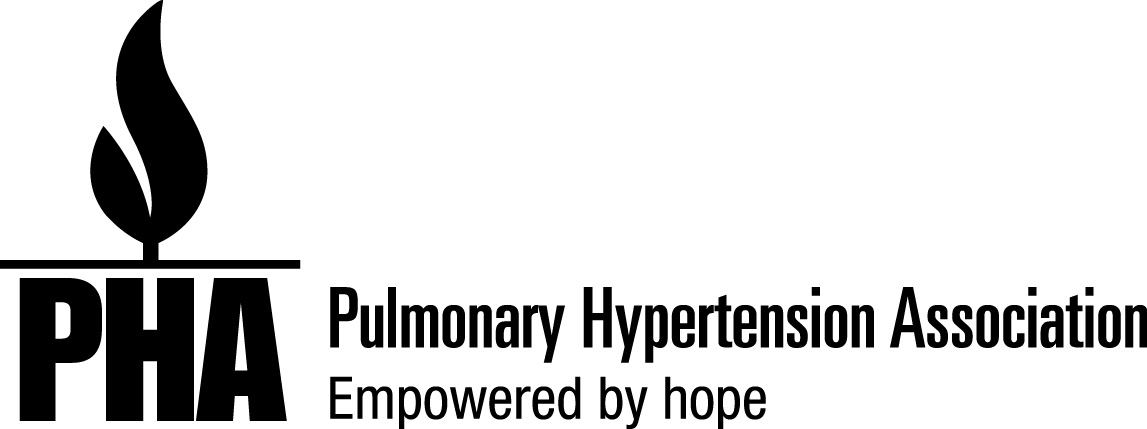
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**Template Letters | Short Term Disability or Return to Work Request**

*Most places of employment which have an Employee Health Nurse available will have a certification of health status form available to be completed by the physician for short term disability and/or return to work. Typically these health status forms will specify the information that is needed and require a patient signature that serves as a release of information. Generally, a completed health status form is kept by the employer health department and is not part of the individual’s regular work record in order to maintain confidentiality.*

***When these forms are available, a narrative Short Term Disability or Return to Work Letter is usually not needed. When a letter is used it is advised that it be accompanied by a signed release of medical information form.***

***This letter is only an example.*** *It is intended to be sent by a medical professional on behalf of the patient. Please edit the letter to suit your needs and replace* ***[bold]*** *sections with the appropriate information.*

**[PH CENTER LETTERHEAD]**

**[TODAY’S DATE]**

Re: **[PATIENT NAME, DOB]**

To Whom It May Concern:

**[PATIENT NAME]** is a patient under my care for treatment of a chronic condition called Pulmonary Arterial Hypertension. This condition is currently well controlled on medical therapy; therefore, **[PATIENT NAME]** has been released to return to work.

Pulmonary hypertension (PH) is a condition characterized by increased blood pressure in the pulmonary artery. PH is grouped into five clinical classifications as defined by the World Health Organization (WHO) World Symposium on PH[[1]](#footnote-1):

* WHO Group 1 PH: Pulmonary Arterial Hypertension (PAH)
* WHO Group 2 PH: PH due to Left Heart Disease
* WHO Group 3 PH: PH due to Chronic Lung Disease and/or Hypoxia
* WHO Group 4 PH: Chronic Thromboembolic Pulmonary Hypertension
* WHO Group 5 PH: PH with Unclear, Multifactorial Mechanisms

When PAH occurs in the absence of a known cause, it is referred to as idiopathic pulmonary arterial hypertension (IPAH). IPAH is extremely rare, occurring in about one person per million population per year.[[2]](#footnote-2),[[3]](#footnote-3) PAH can also occur in association with other diseases and exposures, including historical anorexigen exposure, methamphetamine use, collagen vascular diseases, HIV infection, portal hypertension, and congenital heart diseases***.***

Untreated, the average length of survival after diagnosis is less than three years. Symptoms of pulmonary hypertension include exertional shortness of breath, fatigue, swelling of the lower extremities and abdomen, chest pain, dizziness, and as the disease progresses, loss of consciousness.

**[PATIENT NAME]** may resume **[PART-TIME/FULL-TIME]**employment on **[DATE]**.

Restrictions/Accommodations Medically Indicated on Return to Work:

The following restrictions are **[TEMPORARY /PERMANENT].**

**[LIST SPECIFIC RESTRICTIONS AS THEY RELATE TO PATIENT’S JOB ACTIVITIES.]**

***Examples:***

* ***No lifting greater than 20 pounds***
* ***Avoid strenuous activity including quick changes in position such as bending over***

Start date: **[START DATE]** End date: **[END DATE]**.

**[DESCRIBE ANY CIRCUMSTANCES SPECIFIC TO THE PATIENT IF APPLICABLE.]**

***Example:***

***Treatment for John Doe’s condition includes oxygen and continuous intravenous infusion which he is able to self-manage. These therapies should not interfere with his abilities to perform his job responsibilities*.**

If you have any questions, require any additional information or documentation, please do not hesitate to contact our clinic*.* **[CONTACT INFORMATION]**

Sincerely,

**[PHYSICAN NAME], [DATE]**

**[SIGNATURE]**

**[PRINT NAME]**

**[ADDRESS]**

**[PHONE NUMBER] [FAX NUMBER]**

1. Simonneau G, et al. *J Am Coll Cardiol*. 2013;62(25\_S): doi:10.1016/j.jacc.2013.10.029 [↑](#footnote-ref-1)
2. Humbert M, et al. *Am J Respir Crit Care Med.* 2006;173(9):1023-1030 [↑](#footnote-ref-2)
3. Escribano-Subias P, et al. *Eur Respir J*. 2012;40(3):596-603 [↑](#footnote-ref-3)