

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Fitness for Duty Certification and Return to Work

Dear [Employee Name],

We are pleased to hear that you are preparing to return to work following your medical leave which began on [Leave Start Date].

To ensure a safe transition back to your position as [Job Title], we require a Fitness for Duty Certification completed by your healthcare provider. This certification must confirm that you are able to perform the essential functions of your role, with or without reasonable accommodation.

Attached to this letter, you will find a copy of your current job description which outlines your essential duties and physical requirements. Please have your physician review this document and provide the following information:

- The date you are cleared to return to work.
- A statement confirming your ability to perform the essential job functions.
- A detailed description of any necessary workplace accommodations or physical restrictions (if applicable).
- The duration for which these accommodations or restrictions will be required.

Please submit the completed certification to the Human Resources department by [Due Date]. You may submit this via [Email Address/Fax Number/In-person].

Upon receipt of this documentation, we will review any requested accommodations to determine how we can best support your return. Please note that you may not resume your duties until this certification has been received and reviewed.

If you have any questions regarding this process, please contact [HR Contact Name] at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Company Name]