Date: [Date]

To: [Employer Name / HR Department]
From: [Healthcare Provider Name]
Subject: Fitness for Duty Certification - Safety Sensitive Position

Employee Name: [Employee Full Name]
Employee ID: [ID Number, if applicable]
Position: [Job Title]

I have performed a formal evaluation of the above-named employee to determine their physical and mental ability to perform the essential functions of their safety-sensitive position. My evaluation included a review of the job description provided and any relevant medical history or clinical examinations.

Based on my clinical findings, I hereby certify the following (select one):

[ ] Fit for Duty: The employee is cleared to return to their safety-sensitive position without any restrictions.

[ ] Fit for Duty with Restrictions: The employee is cleared to return to work, subject to the following limitations: [List specific restrictions and duration].

[ ] Not Fit for Duty: The employee is currently unable to perform the essential functions of their safety-sensitive position safely. A re-evaluation is recommended on [Date].

I certify that my evaluation considers the safety-sensitive nature of the role, including the potential risk to the employee, coworkers, and the general public.

Provider Signature: _____

Provider Name/Title: [Printed Name]
Medical Facility: [Facility Name]
Phone Number: [Phone Number]