Date: [Insert Date]

To: [Employer Name/HR Department]
Company: [Company Name]
Address: [Company Address]

Subject: Fitness for Duty Clearance

Dear [Recipient Name],

I am writing to provide a medical clearance for [Employee Full Name] following the workplace incident that occurred on [Date of Incident].

I have conducted a comprehensive medical evaluation of the employee on [Date of Evaluation] to assess their physical and/or mental ability to perform their job duties safely and effectively.

Evaluation Results:

- [ ] The employee is cleared to return to full duty without any restrictions, effective [Date].
- [ ] The employee is cleared to return to work with the following temporary restrictions: [List restrictions] until [Date].
- [ ] The employee is not cleared to return to work at this time. A follow-up evaluation is scheduled for [Date].

In my professional opinion, the employee [is/is not] currently capable of performing the essential functions of their position without posing a direct threat to the health or safety of themselves or others in the workplace.

Please contact my office at [Phone Number] if you require further clarification regarding this assessment.

Sincerely,

[Signature of Healthcare Provider]
[Name of Healthcare Provider]
[Title/Credentials]
[Medical Facility Name]