Date: [Date]

To: [Employer Name/Company Name]
From: [Physician Name/Healthcare Provider]
Subject: Fitness for Duty and Return to Work Certification

Employee Name: [Employee Full Name]
Date of Birth: [DOB]

To Whom It May Concern,

This letter serves to certify that I have evaluated the above-named employee following a period of absence due to a communicable disease. Based on my clinical evaluation and current public health guidelines, it has been determined that the employee is no longer contagious and is medically fit to return to their workplace duties.

Effective Return Date: [Date]

Work Status:
[ ] The employee may return to full duty with no restrictions.
[ ] The employee may return to work with the following temporary restrictions: [List restrictions if applicable].

These restrictions, if any, are expected to remain in place until [Date].

If you require further information regarding this certification, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Title]
[Medical Facility/Clinic Name]
[License Number]