[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Re: Fitness for Duty Evaluation - [Employee Name]

To Whom It May Concern,

I am writing to provide a clinical update regarding [Employee Name] and their readiness to return to work. [Employee Name] has been under my care since [Date] for substance abuse recovery and has successfully completed the [Name of Program/Treatment Phase].

Based on my clinical evaluation and the individual's progress in treatment, it is my professional opinion that [Employee Name] is fit to return to their job duties as a [Job Title], effective [Return Date].

The following conditions apply to this return to work:

- The employee is cleared for full duty without restrictions.
- The employee is cleared for duty with the following temporary accommodations: [List accommodations or "None"].
- The employee will continue an aftercare program consisting of [Frequency] meetings.

Please note that [Employee Name] is currently adhering to a recovery plan that supports their continued sobriety and workplace performance. I am available to discuss any questions regarding this evaluation, provided the appropriate privacy releases are in place.

Sincerely,

[Signature]
[Printed Name]
[Title/Credentials]
[License Number]
[Phone Number]