Date: [Insert Date]

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

Subject: Fit for Duty Medical Evaluation - [Employee Full Name]

To Whom It May Concern,

I have completed a formal medical evaluation of **[Employee Full Name]**, born on **[Date of Birth]**, to determine their physical and mental fitness to perform the essential functions of their job role as **[Job Title]**.

Based on my clinical examination and a review of the provided job description, my findings are as follows:

Status (Select One):

- [ ] **Fit for Duty:** The employee may return to work full-time without any restrictions.
- [ ] **Fit for Duty with Restrictions:** The employee may return to work subject to the following limitations:
    - [List specific restrictions, e.g., lifting limits, standing duration, etc.]
    - Duration of restrictions: [Insert Date or "Permanent"]
- [ ] **Not Fit for Duty:** The employee is currently unable to perform their job duties. A follow-up evaluation is scheduled for [Insert Date].

This evaluation is based on the medical information available at this time. Should you have any questions regarding this assessment, please contact my office directly.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Facility Name]
[Phone Number]
[License Number]