[Doctor Name/Medical Facility Name]
[Address Line 1]
[Address Line 2]
[Phone Number]
[Date]

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

RE: Medical Clearance for [Employee Name]

Dear [Recipient Name or HR Department],

I am writing to provide medical clearance for [Employee Name], who has been under my care for a mental health-related medical leave of absence starting from [Start Date of Leave].

After a clinical evaluation, I have determined that [Employee Name] is fit to return to their position as [Job Title] effective [Return to Work Date].

Regarding their return, I have the following recommendation:

[Select one option:]

- The employee is cleared to return to full duty without any restrictions.
- The employee is cleared to return with the following temporary accommodations: [List accommodations, such as reduced hours, modified duties, or remote work] until [End Date for Accommodations].

Should you require any further clarification regarding these medical recommendations, please contact my office directly.

Sincerely,

[Doctor Signature]

[Printed Name of Healthcare Provider]
[Medical License Number]
[Professional Title]