

Date: [Insert Date]

To: [Employer Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Fit for Duty Medical Assessment - [Employee Name]

Dear [Contact Person Name],

I have completed a medical evaluation of [Employee Name] on [Date of Examination] to determine their fitness to perform the essential duties of their position as [Job Title].

Based on my clinical assessment and the job description provided, my findings are as follows:

Status:

- **Fit for Duty:** The employee is cleared to return to work without restrictions.
- **Fit for Duty with Restrictions:** The employee may return to work with the following limitations:
[Insert specific restrictions, e.g., lifting limits, reduced hours, etc.]
These restrictions are expected to be in place until [Date].
- **Not Fit for Duty:** The employee is currently unable to perform their job duties. A follow-up evaluation is scheduled for [Date].

Additional Comments:

[Insert any relevant medical recommendations or observations]

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Clinic/Facility Name]

[License Number]