

Date: [Insert Date]

To: [Employer Name / Supervisor Name]

Company: [Company Name]

RE: MEDICAL CLEARANCE FOR [Employee Name]

Dear [Recipient Name],

This letter is to formally notify you that I have evaluated [Employee Name] regarding their fitness to return to full occupational duties following their recent [injury/illness/surgery].

Based on my clinical assessment, the patient has reached a level of recovery that allows them to safely resume all work-related activities without restrictions. Specifically, the patient is cleared to perform heavy lifting duties, including:

- Lifting loads exceeding [Insert Weight, e.g., 50 lbs].
- Frequent bending, twisting, and reaching while carrying weight.
- Unrestricted manual labor as required by their job description.

This clearance is effective as of [Effective Date]. No further workplace accommodations or physical limitations are required at this time.

If you have any questions or require further clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Medical Facility Name]

[License Number]