

Date: [Insert Date]

To: [Employer Name/Company Name]

Attention: [Manager or HR Representative Name]

Address: [Company Address]

Subject: MEDICAL CLEARANCE FOR RETURN TO FULL DUTY

Dear [Recipient Name],

This letter is to certify that I have examined [Employee Name] on [Date of Examination].

Based on my clinical evaluation, [Employee Name] has reached maximum medical improvement regarding the injury/illness dated [Date of Injury/Illness].

Effective **[Return to Work Date]**, the employee is cleared to return to work in a full-duty capacity. There are no restrictions or limitations placed upon their physical or cognitive activities. They are capable of performing all essential functions of their job description, including but not limited to:

- [Specific Task 1, e.g., Lifting over 50 lbs]
- [Specific Task 2, e.g., Prolonged standing]
- [Specific Task 3, e.g., Operating heavy machinery]

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

Sincerely,

[Physician Name/Signature]

[Medical License Number]

[Clinic/Hospital Name]