[Physician Name/Clinic Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

To [Employer Name / Human Resources Department],

RE: Unrestricted Medical Clearance for [Employee Name]

To Whom It May Concern,

I am writing to provide a formal medical release for [Employee Name], who has been under my care following a major surgical procedure performed on [Date of Surgery].

Based on my most recent clinical evaluation on [Date of Evaluation], the patient has recovered sufficiently to resume their professional responsibilities.

I hereby certify that [Employee Name] is medically cleared to return to work on a full-time basis, effective [Return to Work Date].

This clearance is **unrestricted**. The employee may perform all regular duties of their position, including but not limited to:

- Full physical activity and lifting
- Extended standing or sitting
- Operating heavy machinery or driving
- Working standard or overtime hours

No workplace accommodations or modifications are required at this time. Should you have any questions regarding this clearance, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]