

Date: [Date]

To: [Employer Name/Company Name]

From: [Healthcare Provider Name/Clinic Name]

Subject: Return to Work Clearance - [Employee Name]

To Whom It May Concern,

This letter serves as official notification that [Employee Name] (Date of Birth: [DOB]) has been under my care for a COVID-19 related illness or quarantine period.

I have evaluated the patient and confirm that they have met the current public health criteria for ending isolation. The patient is no longer considered contagious and is cleared to return to their normal work duties.

Effective Return Date: [Date]

The patient is cleared to work with:

- No restrictions.
- The following temporary accommodations: [Insert restrictions or "N/A"].

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

Sincerely,

[Signature of Healthcare Provider]

[Printed Name and Title]

[Medical License Number]

[Clinic/Facility Name]