

Date: [Insert Date]

To: [Manager Name / HR Department]

Company: [Company Name]

Subject: Occupational Health Clearance: Return to Work Following COVID-19

Dear [Recipient Name],

This letter serves to confirm that [Employee Name] has been reviewed by Occupational Health regarding their recent absence due to COVID-19.

The employee has completed the required isolation period in accordance with current public health guidelines and has reported an improvement in symptoms. They are now deemed fit to resume their regular duties effective [Return to Work Date].

Workplace Recommendations:

- [Option 1: The employee is fit for full duties with no restrictions.]
- [Option 2: A phased return to work is recommended for a period of (Number) weeks.]
- [Option 3: Specific adjustments (e.g., frequent breaks, reduced hours) are suggested due to lingering fatigue.]

Please ensure that all standard workplace health and safety protocols continue to be followed to maintain a safe environment for all staff.

If you require any further clarification regarding these recommendations, please contact the Occupational Health department.

Sincerely,

[Signature]

[Name of Occupational Health Professional]

[Title/Credentials]

[Contact Information]