

Date: [Insert Date]

To: [Employer Name/Company Name]

Address: [Employer Address]

Subject: Medical Clearance for Return to Work

To Whom It May Concern,

This letter serves to certify that I have medically evaluated **[Employee Full Name]**, born on **[Date of Birth]**, following their diagnosis and recovery from COVID-19.

The patient has completed the required isolation period in accordance with current public health guidelines. As of **[Date of Evaluation]**, the patient is asymptomatic and is no longer considered contagious.

Based on my clinical assessment, **[Employee Full Name]** is cleared to return to their duties as an essential worker effective **[Return to Work Date]**.

Work Status and Restrictions:

- Cleared for full duty with no restrictions.
- [Optional: Specify any temporary physical limitations if applicable].

If you require further information regarding this clearance, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]