Date: [Date]

To: Occupational Health Department / Medical Administration

From: [Physician Name/Clinic Name]

Subject: Medical Clearance for Return to Clinical Duties

Patient Name: [Healthcare Worker Name]
Date of Birth: [DOB]
Date of Injury: [Date of Sharps Injury]

To whom it may concern,

The above-named healthcare professional has been evaluated following a sharps/needlestick injury. Based on the medical evaluation and the protocol-driven post-exposure follow-up, I have determined the following:

The individual is medically cleared to return to full clinical duties, including the performance of exposure-prone procedures, effective [Return Date].

Status of Clearance:

- [ ] Cleared for full duty without restrictions.
- [ ] Cleared for duty with the following temporary restrictions: [List restrictions or N/A].

The patient has been counseled regarding the necessary follow-up testing schedule and post-exposure prophylaxis (if applicable). No further work restrictions are required at this time regarding infection control risks to patients or staff.

If you require additional information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[License Number]
[Clinic/Hospital Name]