Date: [Date]

To: [Employer Name / Facility Name]
Attn: [Occupational Health / Human Resources]
Re: Full Duty Release for [Employee Name]

To Whom It May Concern,

I have evaluated [Employee Name] on [Date of Examination] regarding the injury sustained on [Date of Injury]. Based on the clinical examination and the physical requirements of the Radiologic Technologist position, I find the employee medically fit to return to work.

Effective [Start Date], the employee is cleared for **Full Duty** without any restrictions. This includes, but is not limited to, the following tasks:

- Positioning and transporting patients.
- Lifting, pushing, and pulling imaging equipment and lead shields.
- Standing or walking for extended periods.
- Assisting with patient transfers (lifting up to [e.g., 50] lbs).
- Operating radiographic, fluoroscopic, or portable X-ray units.

No further medical follow-up is required for this specific injury at this time.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Practice Name]
[License Number]