Date: [Insert Date]

To: [Recipient Name/HR Department]
Clinic Name: [Insert Clinic Name]
Subject: Occupational Health Clearance

Employee Name: [Insert Employee Full Name]
Date of Birth: [Insert DOB]
Job Title: [Insert Job Title]

To whom it may concern,

This letter confirms that the above-named individual has undergone a formal occupational health assessment and clinical screening required for employment at [Insert Clinic Name].

Based on the review of their medical history, immunization records, and clinical examination, I can confirm the following:

- The employee is medically fit to perform the duties associated with their role.
- The employee has provided evidence of immunity or vaccination against Hepatitis B, Measles, Mumps, Rubella (MMR), and Varicella.
- Tuberculosis (TB) screening has been completed and the results are satisfactory.
- The employee has been briefed on infection control protocols and sharps injury procedures.

Clearance Status: Fully Cleared for Clinical Duties

Limitations/Adjustments: [Insert "None" or specify any required workplace adjustments]

This clearance is valid until [Insert Expiry Date/Review Date].

Sincerely,

[Signature]
[Name of Occupational Health Provider]
[Title/Credentials]
[Contact Information]