

Date: [Date]

To: [Employer Name/Company Name]

Attention: [Manager Name or Human Resources]

Re: Medical Clearance for Return to Work

Employee Name: [Employee Full Name]

Date of Birth: [DOB]

To Whom It May Concern,

This letter serves to confirm that [Employee Name] has been under my medical care since [Start Date of Absence].

I have evaluated the patient and determined that they are medically cleared to return to work effective [**Return Date**].

Work Status (Select one):

- The employee may return to full duty with no restrictions.
- The employee may return to work with the following restrictions: [List restrictions or "None"]. These restrictions are expected to remain in place until [End Date].

Please contact my office at [Phone Number] if you require any further clarification regarding this medical clearance.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Clinic/Hospital Name]

[Phone Number]

[Address]