Date: [Date]

To: [Employer Name/HR Representative]
Company: [Company Name]
Address: [Company Address]

Subject: Fitness for Duty Certification - Return to Work

Employee Name: [Employee Name]
Date of Birth: [Employee Date of Birth]

To Whom It May Concern,

I am writing to provide medical clearance for [Employee Name], who has been under my care for a mental health-related medical leave of absence starting on [Start Date of Leave].

I have evaluated [Employee Name] and have determined that they are fit to return to their regular duties in the position of [Job Title] effective [Return Date].

Current Status (Check one):

- [ ] The employee may return to full duty without restrictions.
- [ ] The employee may return to duty with the following temporary restrictions/accommodations:
    - [Restriction 1]
    - [Restriction 2]

    These restrictions are expected to remain in place until [End Date of Restrictions].

I confirm that [Employee Name] is capable of performing the essential functions of their job safely and effectively. Please contact my office at [Phone Number] if you require further clarification regarding these medical instructions.

Sincerely,

[Healthcare Provider Signature]

[Healthcare Provider Name, Degree]
[Clinic/Medical Facility Name]
[License Number]
[Contact Information]