[Date]

[Employer Name]
[Company Name]
[Company Address]

Re: Return to Work Medical Clearance for [Patient Name]

To Whom It May Concern,

I am the treating [Job Title/Provider Type] for [Patient Name]. This letter serves as formal notification that [Patient Name] is medically cleared to return to their duties following a medical leave of absence for mental health reasons.

The patient is cleared to return to work on [Return Date].

Work Status (Select One):

- The patient is cleared to return to full duty without restrictions.
- The patient is cleared to return to work with the following temporary accommodations until [End Date]:

Requested Accommodations (if applicable):

[List specific needs, e.g., reduced hours, modified schedule, or gradual re-entry plan]

Please contact my office at [Phone Number] if you require any clarification regarding these medical recommendations.

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Clinic/Medical Facility Name]