

[Physician Name, Degrees]
[Specialty/Department]
[Address]
[Phone Number]
[Email Address]

[Date]

[Recipient Name, e.g., Medical Director or HR Manager]
[Facility/Organization Name]
[Address]

Re: Intent to Return to Work and Fitness for Duty

Dear [Recipient Name],

I am writing to formally notify you of my intent to return to my clinical duties at [Facility Name] on [Date]. As you are aware, I have been on a leave of absence since [Start Date] to focus on recovery from professional burnout.

During this period, I have engaged in a comprehensive recovery program and have worked closely with my healthcare providers to address the factors contributing to my burnout. I have developed sustainable professional boundaries and self-care strategies to ensure a high standard of patient care and personal well-being moving forward.

I have attached a "Fitness for Duty" certification from my treating physician, which confirms my readiness to resume full clinical responsibilities without restrictions. [Alternative: I have attached documentation outlining the following requested transition accommodations: (e.g., phased-in clinical hours, reduced call schedule for the first month)].

I am committed to a successful reintegration into the team and look forward to contributing once again to the [Department Name] department. I would like to schedule a brief meeting prior to my return date to discuss the transition and any administrative updates I may have missed during my absence.

Thank you for your support and understanding during this time.

Sincerely,

[Signature]

[Physician Name, Degrees]

Enclosure: Medical Clearance Documentation