

Date: [Date]

To: [Employer Name/Human Resources]

Organization: [Clinic/Hospital Name]

Address: [Street Address, City, State, Zip]

RE: Medical Clearance for [Employee Name]

To Whom It May Concern,

I am the treating [Physician/Mental Health Professional] for [Employee Name], who has been under my care for recovery from occupational burnout and related health concerns since [Start Date of Leave].

After a clinical evaluation and a period of recovery, I am pleased to confirm that [Employee Name] is medically cleared to return to their duties as a Medical Assistant.

Return to Work Details:

- **Return Date:** [Date]
- **Status:** [Full-time / Part-time / Gradual Re-entry]
- **Work Restrictions:** [None / Specific Restrictions if applicable]

To ensure a sustainable transition and prevent recurrence, I recommend the following accommodations for a period of [Number] weeks:

- [e.g., Limitation of overtime hours]
- [e.g., Scheduled breaks for mental decompression]
- [e.g., Temporary assignment to a specific department]

It is my professional opinion that the employee is capable of performing the essential functions of their role safely and effectively. Please contact my office at [Phone Number] if you require further clarification.

Sincerely,

[Signature]

[Provider Name, Credentials]

[Provider Title]

[Practice Name/Clinic]