

Date: [Date]

To: [Recipient Name/Medical Board/Human Resources]

Organization: [Facility/Organization Name]

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

Subject: Medical Clearance for Return to Patient Care - [Provider Name]

To Whom It May Concern,

I am writing to provide formal medical clearance for [Provider Name], [Title/License Number], who has been under my care for the management of professional burnout and related health concerns since [Start Date].

Following a comprehensive clinical evaluation and a period of restorative leave, I have determined that [Provider Name] has achieved significant recovery and has developed effective strategies for sustainable practice. It is my professional opinion that they are now fit to resume their clinical duties and responsibilities in patient care.

The return to work is recommended as follows:

- **Return Date:** [Start Date]
- **Schedule:** [Full-time / Graduated Re-entry / Reduced Hours for X weeks]
- **Restricted Duties:** [None / Specify if any]
- **Support Plan:** [Optional: Mention any necessary workplace accommodations or wellness monitoring]

I am confident in [Provider Name]'s ability to provide safe and effective care to their patients. We will continue to meet for periodic follow-up appointments to ensure a healthy transition back into the clinical environment.

If you require any further documentation or have specific questions regarding this clearance, please contact my office directly.

Sincerely,

[Signature]

[Evaluator Name, Degree]

[Title/Position]

[License Number]

[Contact Information]