

[Date]

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

RE: RETURN TO WORK CLEARANCE FOR [Employee Name]

To Whom It May Concern,

This letter serves to confirm that [Employee Name] has been under my medical care following a prolonged hospitalization that began on [Admission Date].

I have evaluated the patient and determined that they have reached a stage of recovery that permits a full return to their professional duties. As of [Effective Date of Return], the patient is medically cleared to resume their position without any restrictions.

The patient is capable of performing all essential job functions, including full-time hours, physical tasks, and cognitive demands, as required by their role prior to their medical leave.

Should you require any further information or clarification regarding this medical clearance, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]
[Medical Facility/Clinic Name]