

**Date:** [Insert Date]

**To:** [Supervisor Name or HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject:** Fit for Duty Assessment - Return to Work

Dear [Recipient Name],

This letter serves to formally notify you that [Employee Full Name] has undergone a comprehensive medical assessment following their recent prolonged hospitalization. The purpose of this evaluation was to determine the employee's readiness to resume professional responsibilities.

Based on the clinical examination and review of the recovery progress, I hereby certify that [Employee Full Name] is:

**Status:** [Select one: Fit for full duty / Fit for duty with restrictions / Not yet fit for duty]

**Effective Date of Return:** [Insert Date]

**Workplace Accommodations (if applicable):**

[List specific restrictions, such as reduced hours, lifting limits, or ergonomic needs, or write "None"].

**Duration of Restrictions:**

[Insert end date for restrictions or "To be re-evaluated on [Date]"].

I have discussed these requirements with the employee, and they are prepared to return to the workplace. Please contact my office at [Phone Number] if you require further clarification regarding these medical recommendations.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Facility Name]

[License Number]