

Date: [Insert Date]

To: [Manager Name / Human Resources Department]

Company: [Company Name]

Subject: Occupational Health Clearance - Return to Work

Employee Name: [Employee Full Name]

Employee ID: [Employee ID Number]

Dear [Recipient Name],

Following a review of the medical documentation provided regarding [Employee Name]'s recent prolonged hospitalization and subsequent recovery, I am writing to formally provide occupational health clearance for their return to work.

It has been determined that the employee is fit to resume their duties effective [**Return to Work Date**].

Return Status (Select one):

- Full Duties: The employee may return to their original role without restrictions.
- Adjusted Duties: The employee may return to work with the following temporary accommodations:
 - [Restriction/Accommodation 1, e.g., Phased hours]
 - [Restriction/Accommodation 2, e.g., No heavy lifting]

The recommended accommodations should remain in place until [Review Date or End Date]. A follow-up assessment is scheduled for [Follow-up Date, if applicable] to monitor the employee's transition back into the workplace.

If you have any questions regarding the implementation of the suggested workplace adjustments, please contact the Occupational Health Department.

Sincerely,

[Signature]

[Physician/Occupational Health Professional Name]

[Title/Credentials]

[Contact Information]