

**Date:** [Date]

**To:** [Employer Name/Company Name]

**Attention:** [Manager Name or HR Department]

**Address:** [Company Address]

**Subject:** Medical Clearance for Return to Full Duty

Dear [Recipient Name],

This letter serves as official medical notification that [Employee Name] has been under my care following a period of prolonged hospitalization from [Start Date] to [End Date].

I have conducted a thorough clinical evaluation of the patient. I am pleased to confirm that [Employee Name] has reached a state of recovery that allows for a return to work in a full-time capacity.

**Effective [Return Date], the patient is cleared to resume all regular job duties and responsibilities without any physical or cognitive restrictions.**

No special accommodations, modified hours, or light-duty requirements are necessary at this time. The patient is medically fit to perform the essential functions of their position at full capacity.

If you require any further clarification regarding this medical clearance, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]