

Date: [Date]

To: [Employer Name / HR Department]

From: [Physician Name/Clinic Name]

Subject: Medical Release and Medication Safety Clearance

To whom it may concern,

This letter is to confirm that [Employee Name] has been under my care and is cleared to return to work on [Return Date].

Regarding medication safety, I have reviewed the patient's current treatment plan and the requirements of their job description. I certify the following:

- The patient is currently prescribed medication(s) that are necessary for their health.
- These medications, when taken as prescribed, do not impair the patient's cognitive or motor functions.
- The patient can safely perform their essential job duties, including [Optional: operating heavy machinery / driving / safety-sensitive tasks].

Work Restrictions:

[None / List specific restrictions here]

This clearance is effective until [End Date or "Indefinitely"]. Please contact my office at [Phone Number] if you require further clarification.

Sincerely,

[Physician Signature]

[Physician Name, Degree]

[Medical License Number]