

Date: [Insert Date]

To: [Employer Name / Human Resources Department]

Company: [Company Name]

Address: [Company Address]

Subject: Medical Clearance for Return to Work - [Employee Name]

Dear [Manager Name or HR Representative],

I am writing to provide medical clearance for [Employee Name] to return to their duties as a [Job Title], effective [Start Date].

The employee has been fitted with a hearing amplification device (hearing aid/cochlear implant) to address their hearing impairment. Based on my clinical evaluation and the specifications of the device, I have determined the following:

- The employee is capable of performing the essential functions of their position while using the amplification device.
- The device allows the employee to effectively hear verbal instructions, safety alarms, and environmental sounds necessary for a safe workplace.
- **Restrictions:** [Insert "None" or specify any limitations, e.g., avoiding high-magnetic fields or extreme moisture].
- **Accommodations:** [Insert specific needs, e.g., use of a noise-canceling headset or positioning of a desk to reduce background noise].

The employee is encouraged to notify their supervisor if any adjustments to the device are required or if changes in the workplace environment impact the device's effectiveness.

If you require further information regarding this clearance, please contact my office at [Phone Number].

Sincerely,

[Physician/Audiologist Name, Degree]

[Clinic/Medical Facility Name]

[License Number]

[Signature Line]