

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Clearance to Return to Work Following Biohazard Exposure Restriction

Dear [Employee Name],

This letter confirms that you have been officially cleared to return to your regular work duties effective [Return Date].

Following the potential biohazard exposure reported on [Exposure Date], you have completed the required medical evaluation and observation period. Based on the medical clearance provided by [Medical Provider Name/Health Clinic], it has been determined that you no longer pose a health risk to yourself or others and are fit to resume all professional responsibilities.

Work Status Details:

- **Return Date:** [Date]
- **Work Restrictions:** [None / List specific restrictions if any]
- **Follow-up Required:** [None / List future medical appointments if any]

Please meet with [Manager Name] upon your arrival to discuss any necessary updates or departmental safety protocols. We remain committed to maintaining a safe working environment and appreciate your cooperation with our safety procedures during this time.

If you have any questions regarding your benefits or this clearance, please contact the Human Resources Department at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Authorized Official]

[Title/Position]

[Company Name]