

Date: [Insert Date]

To: [Supervisor Name/HR Department]

[Company Name]

[Company Address]

Subject: Fitness for Duty and Return to Work Certification

Dear [Recipient Name],

This letter is to certify that [Employee Name] has been under my medical care following a potential workplace exposure to medical waste hazards on [Date of Incident].

After a thorough medical evaluation and necessary screenings, I have determined that the employee is fit to return to their regular job duties effective [Return Date].

Status of Work Capabilities:

- The employee may return to full duty without restrictions.
- The employee has been cleared regarding infectious disease protocols related to the incident.
- [Optional: Insert specific workplace accommodations if applicable].

Please ensure that the employee continues to follow all standard Occupational Safety and Health Administration (OSHA) guidelines and uses appropriate Personal Protective Equipment (PPE) when handling medical waste to prevent future occurrences.

If you require any further documentation or clarification regarding this medical clearance, please contact my office at [Phone Number].

Sincerely,

[Doctor Name/Medical Provider Signature]

[Medical License Number]

[Clinic/Hospital Name]