

Date: [Date]

To: [Employer Name/Occupational Health Department]

From: [Physician/Healthcare Provider Name]

Subject: Return to Work Clearance - Environmental Exposure

Dear [Recipient Name],

This letter is to certify that [Employee Name] has been under my care following a medical evaluation related to environmental exposure to surgical smoke/plume.

As of [Date], the employee is cleared to return to their full duties in the operating room environment with the following conditions:

Status:

Cleared for full duty without restrictions.

Cleared for duty with the temporary restrictions listed below.

Required Accommodations (if applicable):

To ensure a safe return to the workplace and prevent recurrence of respiratory or systemic symptoms, the following safety measures must be strictly enforced:

1. Consistent use of local exhaust ventilation (LEV) and smoke evacuators for all procedures involving laser or electrosurgery.
2. Provision of fit-tested N95 or higher-level respiratory protection.
3. [Insert additional restriction or requirement here].

These restrictions/accommodations should remain in place until [Date/Permanent].

If you have any questions regarding this evaluation or the necessary workplace safety requirements, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name and Title]

[Medical License Number]

[Clinic/Hospital Name]