

Date: [Date]

To: Occupational Health Department / Human Resources

From: [Physician Name], Oncology Department

Subject: Return to Work Clearance - Radiation Exposure Evaluation

Patient Name: [Employee Name]

Date of Birth: [DOB]

Employee ID: [ID Number]

Dear Sir/Madam,

This letter is to confirm that [Employee Name] has been evaluated by the Oncology Department following a potential or scheduled radiation exposure event.

Based on our clinical assessment and a review of the dosimetry/exposure records, I have determined the following:

Clearance Status:

The employee is cleared to return to full duties without restrictions effective [Date].

The employee is cleared to return to work with the following restrictions: [List restrictions, e.g., No further radiation exposure for X days].

Follow-up Plan:

[Details of any necessary follow-up testing or monitoring, if applicable]

If you require any additional information regarding this medical clearance, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Title]

[Oncology Department/Facility Name]