Date: [Date]

To: [Employer Name/Company Name]
Department: Occupational Health / Human Resources
Address: [Company Address]

Subject: Medical Clearance for Return to Full Duty - Commercial Driver

To Whom It May Concern,

This letter serves to confirm that my patient, **[Patient Name]**, Date of Birth: **[DOB]**, who underwent **[Type of Surgery]** on **[Date of Surgery]**, has been under my clinical care for post-operative follow-up.

Based on my clinical evaluation today, I have determined that the patient has recovered sufficiently to resume their professional duties as a Commercial Driver. This clearance is effective as of **[Return Date]**.

I certify that the patient meets the following requirements for commercial driving safety:

- The patient is released to return to **Full Duty** without any physical restrictions.
- The patient is no longer taking narcotic pain medications or any controlled substances that interfere with the operation of a commercial motor vehicle (CMV).
- The patient possesses the necessary range of motion, grip strength, and physical stability required for driving, loading/unloading, and vehicle inspections.
- There are no remaining neurological or cardiovascular deficits from the surgery that would impair the safe operation of a CMV.

The patient has been instructed to follow up with their DOT Medical Examiner if a new medical certificate is required per company policy or FMCSA regulations.

If you require further clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Specialty]
[Medical License Number]
[Clinic/Hospital Name]