Date: [Date]

To: [Employer Name / HR Department]
Company: [Company Name]
Address: [Company Address]

RE: Mental Health Clearance for [Employee Name]

Dear [Manager Name or HR Representative],

I am writing to provide a formal mental health clearance for [Employee Name], who has been under my care since [Date].

After a clinical evaluation, I have determined that [Employee Name] is fit to return to their professional duties effective [Start Date]. It is my professional opinion that the employee is capable of performing the essential functions of their role.

Return to Work Status:

[Option 1: Full duties with no restrictions.]

[Option 2: Return with the following temporary accommodations: List accommodations here, e.g., reduced hours or modified schedule, until Date].

Please contact my office at [Phone Number] or [Email Address] if you require any further clarification regarding this clearance.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]
[Clinic/Practice Name]
[License Number]