Date: [Date]

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

RE: Medication Review and Return to Work Clearance
Employee Name: [Employee Name]
Date of Birth: [DOB]

Dear [Manager Name or HR Representative],

I am the treating physician for [Employee Name]. I have recently conducted a formal clinical review of the patient's current medication regimen in relation to their specific job duties as a [Job Title].

Based on my evaluation, I am clearing the employee to return to work effective [Date].

Regarding the medication review, please note the following:

- The employee is taking prescribed medication that is necessary for their health.
- The medication, as prescribed and used, does not pose a safety risk to the employee or others in the workplace.
- The employee is not experiencing side effects (such as drowsiness, impaired motor skills, or cognitive delay) that would interfere with the performance of their essential job functions.

Work Status:

[ ] Full duties, no restrictions.
[ ] Modified duties with the following restrictions: [List restrictions if applicable].

This clearance is valid until [Date/Next Review Appointment]. Should there be any significant changes to the treatment plan that impact workplace safety, I will provide an updated assessment.

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

Sincerely,

[Physician Signature]

Physician Name: [Name]
Medical License #: [Number]
Clinic Name: [Clinic Name]