

**Date:** [Date]

**To:** [Employer Name/Company Name]

**From:** [Doctor/Provider Name]

**Subject:** Return to Work Medical Clearance

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

Dear [Manager or HR Representative Name],

This letter is to certify that [Patient Name] has been under my care for a medical condition and is now cleared to return to work on [Return Date].

**Status (Select one):**

- The patient may return to work with **no restrictions** and is capable of performing all previous duties.
- The patient may return to work with the following **temporary restrictions** until [End Date of Restrictions]:  
[List restrictions here, e.g., no lifting over 10 lbs, modified hours, etc.]

Please contact my office at [Phone Number] if you require any further information or clarification regarding these instructions.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]

[Medical Clinic Name]