

Date: [Insert Date]

To: [Employer Name / Manager Name]

Company: [Restaurant or Facility Name]

Subject: Medical Clearance for Return to Duty

Patient Name: [Employee Name]

Date of Injury: [Date]

Date of Examination: [Date]

To Whom It May Concern,

I have examined the patient named above regarding their recent [type of injury, e.g., hand laceration, back strain]. Based on my evaluation, the patient's clinical status is as follows:

Status (Select One):

- **Full Clearance:** The employee may return to full duty without restrictions.
- **Modified Duty:** The employee may return to work with the following restrictions until [Date]:

Specific Restrictions (if applicable):

- Lifting/Carrying: No more than [Number] lbs.
- Standing/Walking: No more than [Number] hours per shift.
- Repetitive Motion: [Details regarding reaching, gripping, or cutting].
- Wound Safety: [Details regarding waterproof bandages or glove requirements].

Hygiene and Safety Confirmation:

I confirm that the patient is free from communicable diseases or open lesions that pose a risk to food safety, provided that all standard food handling protocols and the above restrictions are followed.

Follow-up Appointment: [Date or N/A]

Sincerely,

[Physician Signature]

[Physician Name, MD/DO/NP/PA]

[Clinic/Hospital Name]

[Phone Number]