

[Date]

[Employer Name]
[Company Name]
[Company Address]

RE: RETURN TO WORK CLEARANCE - [Employee Name]

To Whom It May Concern,

This letter is to certify that [Employee Name] has been under my medical care for a communicable disease since [Date of Diagnosis/Start of Absence].

I have evaluated the patient and determined that they have met the necessary medical criteria for recovery. As of [Return to Work Date], the patient is no longer considered contagious and is medically cleared to return to their regular job duties.

The patient may return to work with:

- No restrictions.
- The following temporary restrictions: [List restrictions or write N/A].

These restrictions, if any, should remain in place until [End Date for Restrictions].

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

Sincerely,

[Doctor Signature]
[Doctor Name, Title]
[Medical Facility Name]