

**Date:** [Insert Date]

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

**Company:** [Establishment Name]

**Subject: Medical Clearance for Food Handling Duties**

To Whom It May Concern,

This letter is to certify that I have medically evaluated **[Patient Name]** on **[Date of Exam]**.

The patient was evaluated following a reported illness or period of exclusion. At this time, the patient reports being free of symptoms associated with foodborne illness, including fever, diarrhea, and vomiting, for at least [Number] hours.

Based on my clinical findings, **[Patient Name]** is currently symptom-free and is cleared to return to work and resume all food handling responsibilities effective **[Return Date]**.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Signature]

**[Physician Name, Title]**

[Medical Facility Name]

[License Number]