

[Date]

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

**RE: Fitness for Duty Psychiatric Evaluation**

**Employee Name:** [Employee Full Name]

**Date of Birth:** [DOB]

To [Name of Contact Person or Human Resources Department],

I am a board-certified psychiatrist. At the request of [Company Name], I conducted a formal psychiatric fitness for duty evaluation for [Employee Name] on [Date of Evaluation].

The purpose of this evaluation was to determine if the employee possesses the mental and emotional capacity to perform the essential functions of their position as [Employee Job Title] safely and effectively.

My clinical findings and conclusions are as follows:

**Status:** (Select one)

**Fit for Duty:** The employee is mentally and emotionally capable of performing all essential job functions without restriction.

**Fit for Duty with Accommodations:** The employee is capable of performing essential functions provided the following accommodations are met: [List specific accommodations and duration].

**Not Fit for Duty:** At this time, the employee is unable to perform the essential functions of their position due to a medical condition.

**Follow-Up:** [Specify if follow-up evaluation is required or if the employee is cleared for immediate return].

I have not included specific diagnostic details or private medical history in this letter to maintain patient confidentiality, in accordance with applicable privacy laws. Detailed medical records will be maintained in my office.

Please contact my office at [Phone Number] if you require further clarification regarding these recommendations.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Board Certification/Title]

[License Number]

[Clinic/Practice Name]