

Date: [Insert Date]

To: [Manager Name/HR Department]

Company: [Company Name]

Address: [Company Address]

Subject: Occupational Health Fitness for Duty Assessment

Employee Name: [Employee Full Name]

Date of Birth: [Employee DOB]

Date of Assessment: [Assessment Date]

Dear [Recipient Name],

Following the occupational health assessment conducted on the date mentioned above, please find the conclusions regarding the employee's fitness for duty:

Clinical Conclusion:

- Fit for work without restrictions.
- Fit for work with the adjustments/restrictions listed below.
- Unfit for work at this time.
- Fit for work on a phased return-to-work program.

Recommended Adjustments or Restrictions (if applicable):

[Insert specific details regarding lifting limits, modified hours, ergonomic requirements, or prohibited tasks]

Phased Return Schedule (if applicable):

[Insert start date, duration, and incremental hour increases]

Review Date:

A follow-up assessment is scheduled for: [Date/Not Required]

Sincerely,

[Signature]

[Practitioner Name]

[Title/Qualifications]

[Occupational Health Department/Clinic Name]