

Date: [Date]

To: [Employer Name / Human Resources Department]

Company: [Company Name]

Subject: MEDICAL NOTIFICATION: UNFIT FOR DUTY

Dear [Manager or HR Representative Name],

This letter is to formally notify you that **[Patient Name]** (Date of Birth: [DOB]) was medically evaluated at **[Clinic Name]** on **[Date of Evaluation]**.

Based on the clinical assessment, it has been determined that the patient is currently **unfit for duty** and unable to perform their professional responsibilities due to medical reasons.

Period of Absence:

The patient is required to remain off work starting from **[Start Date]** until **[Expected Return Date or "Further Notice"]**.

Restrictions/Follow-up:

A follow-up evaluation is scheduled for **[Follow-up Date]** to determine if the patient is cleared to return to work, or if any specific workplace accommodations will be required at that time.

In accordance with medical privacy laws (HIPAA), the specific nature of the medical condition shall remain confidential.

If you require verification of this notice, please contact our clinic at [Clinic Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Clinic Name]

[Clinic Address]

[License Number]