

Date: [Date]

To: [Employer Name/Contact Person]

Company: [Company Name]

Address: [Company Address]

Re: Mental Health Fitness for Duty Evaluation for [Employee Name]

Dear [Recipient Name],

I am writing to provide the results of the mental health fitness for duty evaluation conducted for [Employee Name] on [Date of Evaluation]. The purpose of this evaluation was to determine the employee's psychological readiness to perform the essential functions of their position as [Employee Job Title].

After a thorough clinical assessment, it is my professional opinion that:

[Select one of the following options]

[Option 1: Fit for Duty]

The employee is currently fit for duty and may return to their full work responsibilities without restrictions, effective [Date].

[Option 2: Fit for Duty with Accommodations]

The employee is fit for duty but requires the following temporary accommodations to perform their role effectively: [List specific accommodations, e.g., modified schedule, reduced workload]. These accommodations should be reviewed on [Follow-up Date].

[Option 3: Not Fit for Duty]

At this time, the employee is not fit to perform the essential duties of their position. I recommend a period of leave for further treatment. A re-evaluation is recommended on [Date].

Please note that this letter addresses only the employee's functional capacity and fitness for duty. Specific diagnostic details and clinical notes remain confidential in accordance with privacy laws and professional ethics.

Should you require further clarification regarding the recommended work parameters, please contact my office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Credentials/Title, e.g., Licensed Psychologist, Psychiatrist]

[License Number]

[Facility/Practice Name]