

[Doctor's Name/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Employer Name/Company Name]
Attn: Human Resources Department

RE: MEDICAL CLEARANCE FOR RETURN TO WORK

Patient Name: [Employee Full Name]
Date of Birth: [Employee DOB]

To Whom It May Concern,

I have examined [Employee Name] following her maternity leave. I am pleased to confirm that she is medically cleared to return to her professional duties effective [Return Date].

Regarding her return, please note the following status (check one):

The patient may return to full duty without any physical restrictions.

The patient may return to work with the following temporary restrictions until [End Date]:
[List restrictions, e.g., lifting limits, reduced hours, or frequent breaks]

If you have any questions regarding this medical clearance, please contact my office directly.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Medical License Number]