

Date: [Date]

To: [Employer Name / Human Resources Department]

Company: [Company Name]

Address: [Company Address]

RE: Medical Clearance for Return to Work

Employee Name: [Employee Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

I am the treating [Psychiatrist/Psychologist/Therapist] for [Employee Name]. This letter serves to confirm that [Employee Name] has been under my care and is now medically cleared to return to work effective [Date of Return].

Based on my clinical evaluation, the employee is capable of performing the essential functions of their position.

Please check the applicable status:

- The employee may return to full duty without restrictions.
- The employee may return to work with the following temporary restrictions/accommodations:
[List restrictions or "None"]

These restrictions are expected to remain in place until [Date or "Next Evaluation"].

If you have any questions or require further clarification regarding this medical clearance, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Practice/Clinic Name]

[License Number]