

Date: [Date]

To: [Employer Name/Company Name]

From: [Healthcare Provider Name/Clinic Name]

Subject: Medical Clearance for Return to Work

Patient Name: [Employee Full Name]

Date of Birth: [Date of Birth]

To Whom It May Concern,

This letter is to certify that [Employee Full Name] has been under my medical care for a communicable disease. I have evaluated the patient and confirmed that they have met the necessary health criteria for recovery and are no longer considered contagious.

The patient is cleared to return to their regular work duties effective **[Return Date]**.

Work Status:

- Full duties with no restrictions.
- Modified duties (Specify: [Restrictions, if any]) until [Date].

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

Sincerely,

[Signature of Healthcare Provider]

[Printed Name of Healthcare Provider]

[Medical License Number]

[Clinic/Facility Address]