

Date: [Date]

To: [Employer Name/Company Name]

Attention: [Manager Name or HR Department]

Subject: MEDICAL CLEARANCE FOR RETURN TO DUTY

Employee Name: [Employee Full Name]

Date of Birth: [DOB]

Date of Injury/Illness: [Date]

To Whom It May Concern,

I have medically evaluated [Employee Full Name] regarding their recent [illness/injury]. Based on my clinical assessment, I have determined the following regarding their return to work:

Status (Select One):

The employee is cleared to return to full duty without restrictions effective [Date].

The employee is cleared to return to work with the following restrictions effective [Date] until [End Date]:

- **Physical Restrictions:** [e.g., No lifting over 10 lbs, No prolonged standing]
- **Work Schedule:** [e.g., Part-time hours, Frequent breaks]
- **Other:** [Details]

The employee is scheduled for a follow-up evaluation on [Date].

Please contact my office at [Phone Number] if you require further clarification.

Sincerely,

Physician Signature

[Physician Name, MD/DO]

[Clinic/Medical Facility Name]

[Address]

[Phone Number]