

[Physician or Clinic Name]

[Address]

[City, State, Zip Code]

[Phone Number]

Date: [Date]

TO: [Agency Name / Department]

ATTENTION: [HR Department / Range Master / Supervisor Name]

RE: Physical Clearance for Duty

Officer/Employee Name: [Full Name]

Date of Birth: [DOB]

To Whom It May Concern,

This letter is to certify that I have medically evaluated the above-named individual following their injury on [Date of Injury]. Based on my clinical examination and the requirements of their position as a law enforcement officer, I have reached the following determination:

Status (Select One):

- **Full Duty:** The individual is cleared for full, unrestricted duty, including patrol, emergency vehicle operation, use of force, and firearm qualification, effective [Start Date].
- **Light Duty:** The individual may return to work with the following restrictions: [List Restrictions]. This status is in effect until [Date].
- **Not Cleared:** The individual is not yet cleared to return to work in any capacity.

Specific Task Clearance:

- Cleared for Defensive Tactics Training: [Yes / No]
- Cleared for Firearms Training/Range: [Yes / No]
- Cleared for Full Physical Fitness Testing: [Yes / No]

If you have any questions regarding this evaluation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Medical Board/Specialty]