Date: [Date]

To: [Department Name / Human Resources]
Attn: [Contact Person Name]
Address: [Department Address]

Subject: Medical Clearance for Full Duty - Officer [Officer Name]

Dear [Recipient Name],

I am writing to provide a medical update regarding [Officer Name], [Badge Number, if applicable].

Following a clinical evaluation and review of relevant medical history on [Date of Exam], I find that the aforementioned officer is medically fit to return to full, unrestricted duty effective [Return Date].

This clearance confirms that the officer is capable of performing all essential job functions of a law enforcement professional, including but not limited to:

- Operating motor vehicles under emergency conditions.
- Physical apprehension and restraint of suspects.
- The use of firearms and defensive equipment.
- Performing duties in high-stress environments.
- Strenuous physical activity including running, jumping, and lifting.

There are no medical restrictions or accommodations required at this time.

Please contact my office at [Phone Number] if you require further information or documentation.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical Facility Name]
[License Number]