EMERGENCY MEDICAL TECHNICIAN DUTY CLEARANCE LETTER

Date: [Date]

To: [Employer Name/Organization Name]
Attn: [Supervisor or HR Department Name]

Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Medical Evaluation: [Date]

To Whom It May Concern,

I have medically evaluated the above-named individual following their recent [injury/illness/medical leave].

Based on my clinical assessment, I certify that [Patient Name] is physically and mentally fit to return to their full duties as an Emergency Medical Technician (EMT) without restrictions, effective [Return Date].

This clearance includes the ability to perform the following essential functions:

- Lifting, carrying, and balancing heavy loads (including patients on stretchers).
- Performing high-intensity physical tasks such as CPR and extrication.
- Operating emergency vehicles and equipment safely.
- Working in high-stress environments and making critical decisions.

Physician/Provider Restrictions (if any): [None / See attached]

Should you require further information regarding this clearance, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information/Address]