[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

RE: Return to Work Clearance for [Employee Name]
Date of Birth: [DOB]

To Whom It May Concern,

I have completed a formal psychiatric evaluation of [Employee Name] on [Date of Evaluation]. Based on my clinical assessment and review of their current status, it is my professional opinion that [Employee Name] is cleared to return to their occupational duties.

Status: Clear to return to work without restrictions.
Effective Date: [Date]

Optional Accommodations/Restrictions (if applicable):
[Insert specific restrictions or write "None"]

I have determined that the employee is capable of performing the essential functions of their position and does not pose a direct threat to the safety of themselves or others in the workplace.

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

Sincerely,

[Signature]

[Provider Name, Credentials]
[Practice/Clinic Name]
[License Number]