Date: [Date]

To: [Employer Name/Establishment Name]

Attention: [Manager Name or HR Department]

Subject: Medical Clearance for Return to Food Handling Duties

Patient Name: [Employee Full Name]
Date of Birth: [DOB]

To whom it may concern,

This letter serves to certify that I have medically evaluated the above-named patient following their recent illness.

In accordance with local health department regulations and food safety guidelines, I can confirm that the patient is now symptom-free and is no longer at risk of transmitting foodborne pathogens. Specifically, the patient has been cleared regarding the following:

- Vomiting and Diarrhea (Asymptomatic for over [48/72] hours)
- Fever and Sore Throat
- Jaundice
- Infectious skin lesions or wounds (now healed or properly covered)

Based on my clinical assessment, [Employee Name] is medically fit to return to work and resume all food handling responsibilities effective **[Return Date]** without restrictions.

Should you require further verification, please contact my office directly.

Sincerely,

[Physician Signature]

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