Date: [Insert Date]

To: [Employer Name/Establishment Name]
Address: [Employer Address]

Subject: Medical Clearance for Food Handling Duties

To Whom It May Concern,

This letter is to certify that I have medically evaluated **[Employee Name]** (Date of Birth: [DOB]) regarding their fitness to return to work as a food handler.

The patient has undergone the necessary clinical evaluations and diagnostic testing for foodborne pathogens. Laboratory results confirmed negative findings for the following:

- Salmonella species
- Shigella species
- Shiga toxin-producing Escherichia coli (STEC)
- Hepatitis A virus
- Norovirus

The patient is currently asymptomatic and, in accordance with local public health guidelines and food safety regulations, is no longer considered a risk for transmitting foodborne illness.

[Employee Name] is medically cleared to resume all food handling duties, effective **[Return Date]**, without restrictions.

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

Sincerely,

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