Date: [Insert Date]

To: [Employer Name/Establishment Name]

Subject: Medical Clearance for Food Handling - Hepatitis A Immunity Verification

Employee Name: [Insert Employee Full Name]
Date of Birth: [Insert Date of Birth]

To whom it may concern,

This letter serves to certify that the above-named individual has been medically evaluated for Hepatitis A immunity. Based on medical record review or diagnostic testing, the individual meets the following criteria:

- **Immunity Confirmed:** The individual has provided proof of a completed Hepatitis A vaccination series (2 doses).
- **Laboratory Evidence:** Serologic testing (IgG antibody) confirms laboratory evidence of immunity to Hepatitis A.
- **Clinical Status:** The individual is currently asymptomatic and shows no clinical signs of acute Hepatitis A infection.

In accordance with local health department guidelines and food safety regulations, [Employee Name] is cleared to perform all duties associated with food handling and preparation effective immediately.

There are no restrictions on their work activities at this time.

Sincerely,

[Signature of Healthcare Provider]

[Printed Name of Healthcare Provider]
[Title/Credentials]
[Clinic/Facility Name]
[Phone Number]
[Medical License Number]