Date: [Insert Date]

To: [Employer Name/Company Name]
Department: [Insert Department Name]

Subject: MEDICAL CLEARANCE FOR RETURN TO WORK (FOOD HANDLING)

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

This letter serves to certify that the above-named patient has been under my medical care for the treatment of **Typhoid Fever**.

The patient has completed the prescribed course of treatment and is now clinically asymptomatic. In accordance with public health guidelines for food handlers, the patient has undergone the required follow-up testing.

The results of [Number, e.g., 2 or 3] consecutive stool cultures, taken at least 24 hours apart and at least 48 hours after the completion of antibiotics, have returned **Negative** for *Salmonella Typhi*.

I hereby certify that [Employee Name] is medically fit to resume all duties, including the handling and preparation of food, effective **[Insert Return Date]**. The patient no longer poses a risk of transmission in the workplace.

If you require further information, please contact my office.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]