**Date:** [Insert Date]

**To:** [Employer Name/Management]

**Company:** [Company Name]

**Subject: Medical Clearance for Food Handling - [Employee Name]**

To whom it may concern,

This letter is to certify that I have examined **[Employee Name]** (Date of Birth: [DOB]) on **[Date of Examination]** regarding a previous diagnosis of dermatitis.

Upon clinical evaluation, I can confirm the following:

- The dermatitis has clinically resolved.
- The skin on the hands, wrists, and forearms is intact and free of open lesions, weeping, or active inflammation.
- There is no evidence of secondary infection.

Based on my assessment, the patient is medically cleared to return to full duties as a food handler, effective **[Return Date]**. The patient poses no risk of transmitting pathogens via skin contact and is fit to follow standard handwashing and hygiene protocols.

If you require further information, please contact my office.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO/NP/PA]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]