Date: [Insert Date]

To: [Employer Name/Establishment Name]
Attention: Health and Safety Manager / Management

Subject: Medical Clearance for Food Handling Duties

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

To whom it may concern,

This letter is to certify that [Employee Name] has been under my medical care for the treatment of a parasitic infection ([Insert Infection Type, if applicable]).

The patient has successfully completed the prescribed course of treatment. In accordance with local public health guidelines and food safety regulations, the following criteria have been met:

- The patient is no longer exhibiting symptoms (asymptomatic).
- Required follow-up diagnostic tests (stool samples) have returned negative results on [Insert Date(s)].
- The patient is no longer considered a risk for fecal-oral transmission.

Based on these findings, [Employee Name] is medically cleared to resume all professional duties, including the handling of food and contact with food-preparation surfaces, effective [Insert Return Date].

If you require further information, please contact my office directly.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Medical License Number]
[Clinic/Hospital Name]
[Phone Number]
[Email Address]