Date: [Insert Date]

To: [Employer/Manager Name]
Establishment Name: [Insert Business Name]

Subject: Temporary Lifting of Food Handling Restrictions

To whom it may concern,

This letter is to certify that I have medically evaluated **[Employee Name]**. The individual was previously restricted from food handling duties due to **[Optional: Mention nature of illness or symptoms]**.

Based on my clinical assessment and laboratory results (if applicable), the individual is no longer considered a risk for transmitting foodborne pathogens. They have met the following criteria:

- Symptoms have resolved for at least [Number] hours.
- Medical clearance guidelines for [Specific Pathogen, if applicable] have been met.
- The individual is physically fit to return to their regular duties.

Therefore, all temporary work restrictions are lifted effective **[Insert Date]**. The employee may return to full duty, including the handling of unpackaged food, clean equipment, and utensils.

Should you have any questions, please contact my office at [Phone Number].

Sincerely,

[Signature]
[Physician/Healthcare Provider Name]
[Title/Credentials]
[Facility/Clinic Name]