Date: [Date]

To: [Employer Name / Human Resources]

Re: Full Duty Return Clearance

Employee Name: [Employee Name]

To Whom It May Concern,

I have medically evaluated [Employee Name] on [Date of Examination].

Based on my clinical assessment, the employee is cleared to return to work at **Full Duty**, effective [Return Date].

There are no medical restrictions or limitations placed on the employee's activities. They are capable of performing all essential job functions, including but not limited to heavy lifting, prolonged standing, or operating machinery, as required by their position.

If you have any questions or require further clarification, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Medical Facility Name]
[License Number]