Date: [Insert Date]

To: [Manager Name / HR Department]
Company: [Company Name]

Subject: Occupational Health Return to Work Clearance

Employee Name: [Employee Full Name]
Employee ID: [Employee ID Number]
Date of Birth: [DOB]

Dear [Recipient Name],

Following a formal occupational health assessment conducted on [Date of Assessment], I am writing to provide clearance regarding the above-named employee's return to work.

Based on the clinical findings and the requirements of their role as [Job Title], it is my professional opinion that the employee is:

Status: [Fit to Return / Fit with Restrictions / Unfit]

Effective Return Date: [Insert Date]

Recommended Adjustments or Restrictions:
[Insert specific details, e.g., reduced hours, no heavy lifting, or "No restrictions"]

Duration of Adjustments:
[Insert timeframe, e.g., 2 weeks / Permanent / Until next review date]

A follow-up appointment has been scheduled for [Date, if applicable]. If you have any questions regarding these recommendations, please contact the Occupational Health department.

Sincerely,

[Signature]
[Occupational Health Practitioner Name]
[Title/Qualifications]
[Contact Information]