

Date: [Date]

To: [Employee Name/Employer Name]

Subject: Medical Clearance for Pathogen Exposure (Needlestick Injury)

This letter is to certify that [Patient Name] has completed the necessary medical evaluation and follow-up testing required following a potential exposure to bloodborne pathogens on [Date of Incident].

Based on the clinical assessment and laboratory results, the patient has been cleared for:

- Return to full work duties with no restrictions.
- Completion of the post-exposure protocol.

The evaluation included screening for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV), and Hepatitis C (HCV) in accordance with standard occupational health guidelines.

Please contact this office at [Phone Number] if further information is required.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Medical Facility Name]

[License Number]