

**Date:** [Insert Date]

**To:** [Employer Name/HR Department]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject: Fitness for Duty Certification - Cardiac Rehabilitation**

Dear [Recipient Name/Employer],

This letter is to certify the medical status and work capacity of [Patient Name], Date of Birth: [DOB], following their recent cardiac event/procedure on [Date of Event].

The patient has been under my care and has participated in a supervised cardiac rehabilitation program. Based on recent clinical evaluations and exercise tolerance testing, I have determined the following regarding their fitness for duty:

**Status (Select one):**

- **Full Release:** The patient is cleared to return to work at full capacity without any physical restrictions, effective [Date].
- **Modified Duty:** The patient is cleared to return to work with the following restrictions effective [Date] through [End Date]:
  - Lifting/Carrying limit: [e.g., 10 lbs]
  - Activity limits: [e.g., No climbing, limited standing]
  - Environment: [e.g., Avoid extreme temperatures]

**Ongoing Care:**

The patient is required to continue attending cardiac rehabilitation sessions [Number] times per week for [Number] weeks. We request that the employer allow for flexible scheduling or time off for these essential medical appointments.

If you require further clarification regarding these medical recommendations, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Facility/Cardiology Practice]

[Contact Information]