[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Final Determination of FMLA Medical Certification (Third Opinion)

Dear [Employee Name],

As you are aware, a disagreement existed between your personal healthcare provider and the medical professional who provided a second opinion regarding your FMLA medical certification and fitness for duty. In accordance with the Family and Medical Leave Act (FMLA) regulations, [Company Name] required a third medical opinion to resolve this conflict.

We have received the results from [Name of Third Opinion Provider], the neutral healthcare provider jointly selected by you and the company. As stated under FMLA guidelines, this third opinion is final and binding.

Based on this final medical evaluation, it has been determined that:

[Select the applicable option:]

- You are medically cleared to return to work in your full capacity without restrictions effective [Date].
- You are medically cleared to return to work with the following restrictions: [List Restrictions] effective [Date].
- You are not currently eligible for FMLA leave extension as the medical criteria have not been met.

Accordingly, you are expected to report for work on [Date] at [Time]. Please report to [Name/Department] upon your arrival.

Failure to return to work on the date specified above may be treated as an unexcused absence and could affect your employment status, unless you provide additional information regarding your absence that is protected by law.

If you have any questions regarding this final determination or your return to work, please contact Human Resources at [Phone Number] or [Email Address].

Sincerely,

[Name]
[Title]
[Company Name]