Date: [Insert Date]

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

Subject: Notification of Third Medical Opinion Results and Fitness for Duty Status

Dear [Employee Name],

This letter is to inform you of the results regarding the third medical opinion requested by [Company Name] in accordance with the Family and Medical Leave Act (FMLA) regulations. As previously discussed, a third opinion was sought because of conflicting medical certifications regarding your ability to perform the essential functions of your position.

On [Date of Examination], you were examined by [Name of Third-Party Physician], who was mutually agreed upon by both you and [Company Name]. The findings of this third medical opinion are final and binding.

Medical Determination:

[Insert Summary of Doctor's Finding: e.g., The physician has determined that you are fit to return to work without restrictions / fit to return to work with the following restrictions / not yet fit to return to work.]

Employment Status:

[Option A: Return to Work] Based on this determination, you are cleared to return to your position as [Job Title] effective [Date]. Please report to [Name/Department] at [Time].

[Option B: Restrictions] Based on this determination, you are cleared to return to work with the following accommodations: [List Restrictions]. We will contact you shortly to discuss these accommodations.

[Option C: Not Fit for Duty] Based on this determination, you are currently unable to return to your position. Your FMLA leave will continue until [Date] or until your entitlement is exhausted.

If you have any questions regarding this final determination or the next steps in your return-to-work process, please contact [Name of HR Contact] at [Phone Number/Email].

Sincerely,

[Name of Sender]
[Title]
[Company Name]

cc: [Personnel File]