

**Date:** [Insert Date]

**To:** [Employer Name / Human Resources]

**Company:** [Company Name]

**Address:** [Company Address]

**Subject:** Fitness for Duty - Unrestricted Return to Work

Dear [Manager Name or HR Representative],

I am writing to formally certify that I have medically evaluated [Employee Name] regarding their ability to perform their job duties.

Based on my clinical examination and the requirements of their position, I have determined that [Employee Name] is fit for duty and may return to work on **[Return Date]**.

This release is **unrestricted**. The employee is cleared to perform all regular job functions and responsibilities without any physical or medical limitations, modifications, or accommodations.

If you require any further clarification, please contact my office directly.

Sincerely,

[Healthcare Provider Signature]

[Healthcare Provider Name, Degree/Title]

[Clinic/Medical Facility Name]

[Phone Number]