

DATE: [Insert Date]

TO: [Employer Name/Human Resources Department]

ATTN: [Point of Contact Name]

ADDRESS: [Company Address]

RE: Psychiatric Fitness for Duty Evaluation Status

EMPLOYEE NAME: [Employee Full Name]

DATE OF BIRTH: [Employee Date of Birth]

To Whom It May Concern,

I am writing to provide a formal status update regarding the Psychiatric Fitness for Duty Evaluation for the above-named individual.

Current Status:

[Select one option and delete the others:]

- **Fit for Duty:** The employee is cleared to return to their full duties without restrictions, effective [Date].
- **Fit for Duty with Restrictions:** The employee may return to work with the following accommodations: [List specific limitations/accommodations]. These restrictions are expected to remain in place until [Date/Follow-up].
- **Unfit for Duty:** At this time, the employee is not cleared to perform their essential job functions. A re-evaluation is scheduled for [Date].
- **Evaluation Pending:** The evaluation is currently in progress. Additional information or testing is required. A final determination is expected by [Date].

This evaluation is based on a clinical interview, a review of relevant medical records, and [mention any standardized testing if applicable]. This statement is limited to the employee's psychological fitness for their specific job requirements and does not disclose private diagnostic details in compliance with privacy regulations.

If you have any questions regarding these recommendations, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Practice/Clinic Name]

[License Number]