

**[Date]**

**TO:** [Name of Department Head/Chief]

**FROM:** [Medical Professional Name, Title/Credentials]

**RE:** Fitness for Duty Evaluation - [Officer Name/Badge Number]

Dear [Recipient Name],

Pursuant to the request of the [Agency Name], I have conducted a formal medical evaluation of [Officer Name] to determine their fitness for duty as a law enforcement officer. This evaluation was performed on [Date of Examination].

The evaluation included a review of medical records, physical examination, and [List any specific tests: e.g., diagnostic imaging, laboratory work, psychological screening].

Based on the results of this evaluation and my understanding of the essential job functions for this position, my findings are as follows:

**[Select One Option]**

- **Fit for Duty:** The individual is physically and mentally capable of performing all essential job functions of a law enforcement officer without restrictions.
- **Fit for Duty with Restrictions:** The individual may return to duty with the following temporary/permanent limitations: [List specific restrictions and duration].
- **Unfit for Duty:** The individual is currently unable to perform the essential job functions of a law enforcement officer.

**Recommendations for Follow-Up:**

[Insert follow-up schedule or treatment requirements, if applicable]

I certify that this evaluation was conducted in accordance with professional medical standards and applicable state and federal laws.

Sincerely,

[Signature]

[Printed Name]

[Medical License Number]

[Clinic/Facility Name]

[Contact Information]