

Date: [Date]

To: [Employer Name/Company Name]

Attention: [Manager or HR Department Name]

Address: [Company Address]

Subject: Medical Clearance for Full Duty Return to Work

Dear [Recipient Name],

I am writing to provide medical clearance for my patient, **[Employee Name]**, who has been under my care since [Date].

I have evaluated [Employee Name] and determined that they have recovered sufficiently from their medical condition to return to their regular job duties.

Effective **[Return to Work Date]**, [Employee Name] is cleared to return to work at **Full Duty** capacity. There are no medical restrictions or limitations regarding their physical or cognitive functions. They are capable of performing all essential functions of their position, including but not limited to:

- Full range of motion and lifting capabilities.
- Operating machinery or vehicles (if applicable).
- Standard working hours and shifts.

If you have any questions or require further clarification regarding this medical release, please feel free to contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical Practice/Clinic Name]

[License Number]