

Date: [Insert Date]

To: [Employer Name/Company Name]

Attention: [Contact Person/HR Department]

Address: [Company Address]

Subject: Fit-For-Duty Medical Assessment Clearance

Patient Name: [Employee Full Name]

Date of Birth: [DOB]

Date of Examination: [Date]

To Whom It May Concern,

I have completed a formal medical evaluation of the above-named individual to determine their physical and mental readiness to perform the essential functions of their job role as [Job Title].

Based on my clinical examination and the job description provided, my findings are as follows:

Full Clearance: The individual is fit to return to full duty without any restrictions.

Conditional Clearance: The individual is fit to return to work with the following restrictions:
[List restrictions and duration].

Not Cleared: The individual is currently not fit to perform their job duties.

Effective Date of Return: [Insert Date]

Should you require further clarification regarding this assessment, please contact my office directly.

Sincerely,

[Signature]

Practitioner Name: [Name]

Credentials: [MD, DO, NP, etc.]

Facility Name: [Clinic/Hospital Name]

Phone Number: [Phone Number]