[Doctor's Name/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Employer Name/Company Name]
Attn: [Human Resources/Supervisor Name]

RE: RETURN TO WORK CLEARANCE FOR [Employee Name]

Dear [Recipient Name],

This letter is to certify that I have examined [Employee Name] on [Date of Examination].

It is my professional medical opinion that the employee is cleared to return to work effective [Return Date].

Please check the applicable status:

[ ] The employee is cleared to return to work with **no restrictions** and can perform all previous duties.

[ ] The employee is cleared to return to work with the following **temporary restrictions** until [End Date]:

- [Restriction 1]
- [Restriction 2]

Should you have any questions or require further clarification regarding this medical clearance, please contact my office.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]
[Medical License Number]