Date: [Insert Date]

To: [Employer Name/HR Department]
Address: [Company Address]
Re: Routine Annual Fitness for Duty Evaluation

Patient Name: [Insert Employee Name]
Date of Birth: [Insert Date of Birth]
Employee ID: [Insert ID Number, if applicable]

Dear [Recipient Name or Human Resources],

This letter serves as formal documentation that [Employee Name] has completed their routine annual fitness for duty evaluation on [Date of Examination] at [Clinic Name].

Based on the clinical assessment and the functional requirements of the employee's current job description, the following determination has been made:

Status: [Select One: Cleared for Full Duty / Cleared with Restrictions / Not Cleared]

Comments/Restrictions (if applicable):
[Insert details or "None"]

This evaluation was conducted in accordance with established occupational health standards to ensure the employee can safely perform the essential functions of their position.

Please contact our office at [Phone Number] if you require further clarification regarding this documentation.

Sincerely,

[Signature of Medical Provider]
[Printed Name of Provider]
[Title/Credentials]
[Clinic/Facility Name]