

Return to Work Clearance

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

This letter serves as a confirmation of your fitness to return to work following your recent surgery on [Insert Surgery Date]. After a thorough evaluation, I am pleased to inform you that you have been cleared to resume your duties effective [Insert Return Date].

Please remember to adhere to the following guidelines as you return:

- Limit physical activity as discussed during your follow-up appointment.
- Attend any scheduled rehabilitation sessions.
- Notify your supervisor should you experience any discomfort or complications.

If you have any questions or require further accommodations, please feel free to reach out to me.

Wishing you a smooth transition back to work.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]