

Return to Work Clearance

Date: [Insert Date]

To Whom It May Concern,

I, [Health Professional's Name], a licensed [Health Professional's Title], hereby certify that [Employee's Name], who has been under my care, is fit to return to work following their medical leave.

[Employee's Name] has successfully completed the necessary treatment and is compliant with the prescribed recovery plan. After thorough assessment, I confirm that they pose no risk to themselves or others in the work environment.

Please feel free to contact my office at [Health Professional's Phone Number] if you require further information.

Sincerely,

[Health Professional's Signature]

[Health Professional's Name]

[Health Professional's License Number]

[Health Professional's Contact Information]