

# Return to Work Clearance

Date: [Insert Date]

To Whom It May Concern,

This letter is to confirm that [Employee's Name], who has been under my care at [Mental Health Service/Clinic Name], is cleared to return to work effective [Date of Return].

[Employee's Name] has made significant progress regarding their mental health and is fit to resume their duties. I recommend that [he/she/they] be allowed to return to work with the following considerations:

- [Consideration 1]
- [Consideration 2]
- [Consideration 3]

Should you have any questions or require further information, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Mental Health Service/Clinic Name]

[Contact Information]