

Return to Work Clearance

Date: [Insert Date]

To: [Employee's Name]
[Employee's Address]
[City, State, Zip Code]

Dear [Employee's Name],

We are pleased to inform you that we have received your medical clearance to return to work following your recent injury. Your healthcare provider has confirmed that you are fit to resume your duties as of [Return Date].

Please ensure that you follow any continued treatment or therapy recommendations provided by your healthcare provider.

If you have any questions or require further assistance, please do not hesitate to reach out.

Welcome back!

Sincerely,
[Your Name]
[Your Position]
[Company Name]
[Contact Information]