

Return to Work Clearance Letter

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 after your recent medical evaluation, you are cleared to return to work as of [Return Date]. However, please note that you will have certain work restrictions that must be adhered to in order to ensure your safety and well-being.

Work Restrictions:

- No lifting over [Weight Limit] lbs.
- Avoid repetitive motions involving [Specify Limitation].
- Limit standing/walking to [Specify Time Frame].
- Other: [Describe any additional restrictions].

Please ensure that you discuss these restrictions with your supervisor upon your return. Our priority is maintaining your health while you fulfil your job responsibilities.

If you have any questions or need further clarification regarding your return, please feel free to contact [HR Manager's Name] at [HR Manager's Contact Information].

We look forward to welcoming you back!

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Company Address]
[City, State, Zip Code]