

Medical Fitness Certification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to certify that [Patient's Name], born on [Date of Birth], has undergone a medical evaluation and is hereby declared fit to return to work.

After thorough examination and assessment, I confirm that [he/she/they] is in good health and does not present any medical condition that would impede [his/her/their] ability to perform job functions as required.

Recommended accommodations, if any:

- [Accommodation 1]
- [Accommodation 2]

Please feel free to contact me at [Phone Number] or [Email Address] should you need further information.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Institution Name]

[Address]

[Phone Number]

[Email Address]