

# Occupational Health Assessment Clearance

Date: [Insert Date]

To Whom It May Concern,

This letter certifies that [Employee Name], [Employee Identification Number], has successfully completed the occupational health assessment required for their position as [Job Title] at [Company Name].

After a thorough evaluation of [his/her/their] health status and risk factors related to the job duties, it has been determined that [he/she/they] is fit to perform the essential functions of the role without any modifications.

Please feel free to contact our office at [Contact Information] if you have any questions or require further information regarding this assessment.

Best Regards,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]