

Medical Leave Certification for Return-to-Work Readiness

Date: [Insert Date]

To Whom It May Concern,

This letter is to certify that [Employee's Name], who has been under my care, is now ready to return to work following a medical leave of absence.

Employee's Position: [Job Title]

Department: [Department Name]

[Employee's Name] has successfully completed their treatment and is fit to resume their normal duties as of [Return Date]. They have been advised of their rights and responsibilities in ensuring ongoing health and well-being in the workplace.

If you have any questions regarding their medical status or need further information, please feel free to contact my office at [Phone Number] or [Email Address].

Sincerely,

[Your Name]

[Your Title]

[Your Medical Facility]

[Contact Information]