**Return to**

**Work Letter**

Confirm that a patient is physically cleared to return to the workplace and that doing so will not endanger the employee or their co-workers

 **Holistic Care**

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 **Medical Clearance Letter**

|  |  |
| --- | --- |
| **Patient Name:**  | Patient name here  |
| **Date of Examination:**  | January 30, 2030  |
| **Date of Issuance:**  | January 30, 2030  |
| **Attending Physician:**  | Physician name here  |

To whom it may concern,

**[Patient name here]** has successfully undergone treatment for **[diagnosis here]** from **[date here]** to **[date here]** under my care. This is to certify that they have passed a physical examination conducted on **[date here]** and will be able to return to regular work duties without restrictions on **[date here]**.

Signature here

**Attending physician's name here:**

**Date here:**

**Credits**

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