**NAME**

**ADDRESS**

**DATE**

Dear Sir/Madam,

I would like to request formal confirmation that our Employee **NAME** is fit to return to their role following an extended period of absence. **NAME’s** last day in work is recorded as being **DATE** and has advised that they were absent as a result of **REASON FOR ABSENCE**

For clarity the duties associated to her position as a **POSITION** are:

* **FULL**
* **LIST**
* **OF**
* **DUTIES**

Can you please confirm that **NAME** is fully fit to complete all of the tasks outlined above following their recent medical absence.

If there is a requirement for Reasonable Accommodation that can facilitate a return to duty, please outline in detail the recommendations that are to be considered by the company.

Yours Sincerely,

**Name**

**Position**

**Company**

*For completion by Doctor:*

I, \_\_\_\_\_\_\_\_\_\_\_\_, have examined \_\_\_\_\_\_\_\_\_\_\_ and can confirm that they are fully capable to complete all of the duties outlined in this document without restriction, or, with the proposed recommendations for Reasonable Accommodation.

Surgery Stamp

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

