Date:

**Subject: Medical Opinion on Fitness for [patient's full name]**

Dear [recipient name],

I am writing in response to the request to provide my medical opinion about the fitness of [patient name]. I would like to give you the good news that [Patient Name], who has been under my care at [your medical facility/hospital/clinic name], is now deemed fit to return to work. By performing a physical exam and different diagnostic tests, I would like to confirm [patient name]’s ability to resume her work duties to his/her ability.

[Patient name] born on [mention date of birth] with employee ID [mention employee ID if applicable] has been under my care for six months. He/she was away from work for [a specific health condition]. During this time, his/her care included [briefly discussing the nature of the treatment].

The final assessment for recovery was performed on [mention the exact date]. Based on this assessment and medical examinations, the current health status of [patient name] shows complete recovery. All estimated milestones were timely achieved due to the extreme cooperation of [patient name]. Hence, no further monitoring, medications, or follow-up care is required.

Based on my professional assessment, I am pleased to report that [patient name] has made great progress in his/her recovery. He/she has finally reached a point where he/she is medically fit to resume duties at [name of patient's workplace].

However, to make this transition back to work a smooth and bump-free transition, I would recommend a phased return. Initially, [patient name] should be given modified duties with fewer work hours until he/she is comfortable performing regular work duties full-time.

I believe the return of [patient name] to the work environment will be beneficial for both him/her and the organization.

If you have any questions or require further information, please feel free to email me at [mention email address] or call me at [mention phone number].

Thank you for your prompt attention to this matter, and I look forward to your cooperation in ensuring a smooth transition for [patient name] back to the [mention organization name].

Sincerely,

[Your Full Name]  
[Your Title/Position]  
[Your Medical License Number]  
[Your Contact Information]