

Dentist Return to Work After Leave

1. Employee Information

- **Employee Name:** [Full Name]
- **Employee ID (if applicable):** [Employee ID]
- **Position/Job Title:** [Job Title, e.g., Dentist, Dental Assistant, Hygienist, etc.]
- **Clinic Name/Location:** [Clinic Name or Location]

2. Leave Details

- **Type of Leave:** [Sick Leave, Vacation Leave, Maternity Leave, etc.]
- **Leave Start Date:** [Start Date of Leave]
- **Leave End Date:** [End Date of Leave]

3. Return to Work Details

- **Return to Work Date:** [Date of Return]
- **Mode of Return:** [On-site, Remote, Hybrid, etc.]
- **Readiness to Resume Duties:** [Yes/No]
- **Health Clearance (if applicable):** [Yes/No, mention if a medical certificate is attached]

4. Dentist-Specific Compliance

- **Reinstatement of Access to Patient Records:** [Yes/No]
- **Compliance with COVID-19 Protocols:** [Yes/No]
- **Equipment and Instrument Check:** [Yes/No]

5. Employee Declaration

I, [Employee Name], confirm my return to work at [Clinic Name] on [Return Date]. I am ready to resume my duties as [Job Title] and have complied with all health, safety, and clinic protocols.

Employee Signature: _____

Date: [Insert Date]