[Company Name]
[Department]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Home Address]
[City, State, Zip Code]

**Subject: Notification of Physical Capability Fitness for Duty Assessment**

Dear [Employee Name],

This letter is to inform you that you are required to undergo a Physical Capability Fitness for Duty Assessment. This assessment is necessary to ensure that you can safely perform the essential physical functions of your position as [Job Title] without risk to yourself or others.

**Reason for Assessment:**
[Insert reason: e.g., Return to work following extended medical leave / Observation of physical difficulty performing tasks / Periodic safety requirement]

**Appointment Details:**
Date: [Date]
Time: [Time]
Location: [Facility Name/Clinic]
Address: [Clinic Address]

**Assessment Scope:**
The evaluation will be conducted by a qualified medical professional and will focus on physical requirements including, but not limited to: [e.g., lifting capacity, range of motion, cardiovascular endurance, and balance]. Please bring a copy of your current Job Description to the appointment.

**Next Steps:**
The results of this assessment will be sent directly to the Human Resources Department. These results will be used to determine your fitness for duty and whether any reasonable accommodations are necessary.

Please confirm receipt of this letter and your ability to attend the scheduled appointment by contacting [Contact Person Name] at [Phone Number/Email] by [Deadline Date].

Sincerely,

[Signature]

[Name of Sender]
[Title]
[Company Name]