[Company Letterhead]

[Date]

[Employee Full Name]
[Employee ID Number]
[Department]

Subject: Routine Annual Fitness for Duty Authorization

Dear [Employee Name],

In accordance with [Company Name] policy and regulatory requirements for your current position, you are required to complete your routine annual Fitness for Duty (FFD) evaluation.

This authorization permits you to undergo the necessary medical examinations and assessments to ensure you meet the physical and psychological requirements to perform your job duties safely and effectively.

Appointment Details:

- **Facility:** [Clinic/Medical Center Name]
- **Location:** [Address]
- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]

Please bring a valid form of photo identification and any relevant medical records to your appointment. The results of this evaluation will be handled in accordance with privacy laws and company confidentiality policies.

Failure to complete this mandatory evaluation by [Deadline Date] may result in temporary suspension from safety-sensitive duties until your status is updated.

If you have any questions regarding this process, please contact the Human Resources Department at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Authorized Official]
[Title]
[Company Name]