

[Date]

[Doctor Name]

[Medical Facility Name]

[Address]

[City, State, Zip Code]

RE: Independent Medical Examination for [Employee Name]

Dear Dr. [Doctor Last Name],

This letter is to formally request an Independent Medical Examination (IME) for [Employee Name] to determine their fitness for duty. The purpose of this evaluation is to assess the employee's ability to perform the essential functions of their position following a period of [medical leave/injury/illness].

Enclosed you will find a copy of the employee's formal job description, which outlines the physical and mental requirements of the role.

Please address the following points in your final report:

- Does the employee currently possess any physical or mental limitations that prevent them from performing the essential functions of their job?
- If limitations exist, are they permanent or temporary?
- If temporary, what is the estimated duration of these restrictions?
- Are there specific accommodations that would allow the employee to return to work safely?
- Is the employee at risk of causing harm to themselves or others while performing their duties?

The employee is aware of this appointment and has signed the necessary release forms for the sharing of this medical information with [Company Name]. Please send the completed evaluation and your invoice to the attention of [HR Contact Name] at [Email/Address].

Thank you for your professional assistance in this matter.

Sincerely,

[Your Name]

[Your Title]

[Company Name]