

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

[Date]

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

Subject: Notification of Physical Abilities Fitness for Duty Evaluation

Dear [Employee Name],

This letter is to inform you that you are required to undergo a Physical Abilities Fitness for Duty evaluation. This assessment is being conducted to ensure that you can safely perform the essential physical functions of your position as [Job Title].

Reason for Evaluation:

[Insert Reason: e.g., Return to work following injury, observed difficulty performing tasks, or periodic safety requirement.]

Appointment Details:

Date: [Date]
Time: [Time]
Location: [Facility Name/Address]
Provider: [Clinic or Physician Name]

Testing Requirements:

The evaluation will consist of tests designed to measure your [list specific traits, e.g., lifting capacity, range of motion, cardiovascular endurance]. Please wear comfortable athletic clothing and closed-toe shoes suitable for physical activity.

Next Steps:

The results of this evaluation will be sent directly to [HR Department/Medical Review Officer]. These results will be used to determine your readiness to perform your duties or if any workplace accommodations are necessary. All medical information will be kept confidential in accordance with applicable privacy laws.

Failure to attend this scheduled appointment or cooperate with the evaluation process may result in [Insert consequence, e.g., delay in returning to work or disciplinary action].

If you have any questions or need to reschedule due to an emergency, please contact [Name/Department] at [Phone Number/Email] immediately.

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]