

Date: [Insert Date]

To: [Driver Name]

Employee ID: [Insert ID Number]

Subject: Notice of Temporary Medical Disqualification from Driving Duties

Dear [Driver Name],

This letter is to formally notify you that, based on the medical evaluation conducted on [Date] by [Name of Medical Professional/Clinic], you have been found temporarily disqualified from operating a commercial motor vehicle.

Reason for Disqualification:

[Insert brief description of medical condition or regulatory non-compliance, e.g., uncontrolled hypertension, post-surgery recovery, or medication side effects].

Effective Dates:

This disqualification is effective immediately as of [Start Date] and is expected to remain in effect until [Estimated End Date or "until further notice"].

Requirements for Reinstatement:

To return to your driving duties, you must provide the following documentation to the [HR/Safety Department]:

- A formal medical release from your treating physician.
- A new Medical Examiner's Certificate (MEC) confirming you meet all physical qualification standards.
- [Insert any additional company-specific requirements].

During this period, you are prohibited from operating any company vehicles. Please contact [Contact Name] at [Phone Number/Email] to discuss your work status, leave options, or potential alternative duty assignments if available.

We prioritize your health and the safety of the public. We look forward to your recovery and your return to full duty.

Sincerely,

[Your Name]

[Your Title]

[Company Name]