Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID]

Subject: Notification of Required Additional Medical Evaluation for Respirator Use

Dear [Employee Name],

We have reviewed your recent Respirator Medical Evaluation Questionnaire. Based on the initial review by our Healthcare Professional, it has been determined that an additional medical evaluation is required before you can proceed with respirator fit testing.

The purpose of this follow-up is to ensure that you are physically able to perform work while wearing a respirator without risk to your health. This may include a brief physical examination or specific diagnostic tests such as a pulmonary function test (PFT) or an EKG.

Please follow the instructions below to schedule your appointment:

- Clinic Name: [Insert Clinic Name]
- Location: [Insert Address]
- Contact Number: [Insert Phone Number]
- Deadline for Completion: [Insert Date]

Please bring a copy of this letter and your current job description to your appointment. The cost of this evaluation will be covered by the company.

You are not permitted to wear a respirator or perform tasks requiring a respirator until you have received a formal medical clearance from the healthcare provider.

If you have any questions regarding this process, please contact [Department/Name] at [Phone/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]