

[Date]

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

Subject: Notification of Work-Related Injury Fitness for Duty Evaluation

Dear [Employee Name],

As a follow-up to your recent work-related injury occurring on [Date of Injury], [Company Name] requires a formal Fitness for Duty (FFD) evaluation to determine your ability to safely perform the essential functions of your position as [Job Title].

The evaluation has been scheduled with the following medical provider:

- **Provider Name:** [Physician/Clinic Name]
- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Full Address]

The purpose of this examination is to review your current physical or mental capabilities in relation to your specific job duties. Please bring a copy of your current job description (enclosed) to the appointment. The medical examiner will focus on whether you can return to full duty, require temporary work restrictions, or if accommodations are necessary.

This evaluation is mandatory. Failure to attend this appointment or cooperate with the evaluation process may impact your employment status or your worker's compensation benefits. [Company Name] will cover the cost of this evaluation.

Please confirm receipt of this letter and your attendance at the scheduled appointment by contacting [Contact Person Name] at [Phone Number] or [Email Address] by [Deadline Date].

Sincerely,

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

Enclosure: Job Description