

[Date]

[Doctor Name]

[Clinic/Medical Facility Name]

[Address]

[City, State, Zip Code]

RE: Independent Medical Examination for [Employee Full 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. [Employee Name] is currently employed as a [Job Title].

The purpose of this evaluation is to obtain an objective medical opinion regarding the employee's ability to perform the essential functions of their position, with or without reasonable accommodation, following [reason for exam, e.g., an extended medical leave / a workplace incident].

We request that your evaluation specifically address the following:

- The current clinical status of the employee's condition.
- Whether the employee is physically and mentally capable of performing the essential duties outlined in the attached job description.
- Any specific functional limitations or work restrictions that should be implemented.
- The expected duration of any identified restrictions.
- Whether the employee poses a "direct threat" to the health or safety of themselves or others in the workplace.

Enclosed for your review are the following documents:

- A copy of the employee's formal job description.
- [Optional: Relevant medical records or incident reports].
- [Optional: Signed authorization for release of information].

Please provide a written report of your findings to [Contact Person Name] at [Email Address/Mailing Address] by [Due Date].

Thank you for your assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]
[Company Name]