

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Requirement for Updated Medical Certification

Dear [Employee Name],

We are writing to request an updated medical certification regarding your current [leave of absence / workplace accommodation].

Our records indicate that your previous medical documentation is set to expire on [Date] or requires a periodic update to ensure we have the most current information regarding your status and any necessary workplace adjustments.

Please have your healthcare provider complete the attached form or provide a written statement that includes:

- The expected duration of your current condition.
- Any specific physical or mental limitations affecting your job duties.
- The anticipated date of your return to full duty (if applicable).

Please submit the updated documentation to the Human Resources department no later than [Due Date].

All medical information provided will be kept confidential in accordance with company policy and legal requirements. If you have any questions, please contact [Contact Person Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]