

To: [Employee/Patient Name]

From: [Organization/Provider Name]

Date: [Current Date]

Subject: Notification of Required Health Update Frequency

Dear [Name],

This letter is to formally notify you of the required frequency for submitting health status updates regarding [Specific Condition or General Health Clearance].

According to our current policies and safety protocols, you are required to provide a health update every [Number] [Days/Weeks/Months].

The schedule for your upcoming updates is as follows:

- Next Update Due: [Date]
- Subsequent Update Due: [Date]
- Ongoing Frequency: Every [Number] [Days/Weeks/Months] thereafter

Required documentation includes: [List specific forms or doctor's notes needed].

Please submit these updates directly to [Department/Contact Person] via [Email/Portal/In-person]. Failure to provide these updates by the specified deadlines may result in [Consequence, e.g., suspension of access/adjustment of records].

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

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]