

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID Number]

**Subject: ACTION REQUIRED: Mandatory Medical Retesting**

Dear [Employee Name],

This letter serves as official notification that you are required to undergo a mandatory medical retesting as part of our [Safety/Compliance/Regulatory] requirements for your current position.

**Reason for Retesting:** [Insert Reason, e.g., Annual Certification Renewal / Post-Incident Procedure / Policy Requirement]

**Retesting Details:**

- **Required Test(s):** [List specific tests]
- **Deadline for Completion:** [Insert Date]
- **Location:** [Insert Clinic/Provider Name and Address]

**Instructions:**

1. Contact [Department/Clinic Name] at [Phone Number] to schedule your appointment.
2. Bring a valid form of photo identification to your appointment.
3. Ensure that the medical provider completes the attached "Return to Work/Medical Clearance" form.
4. Submit the completed documentation to the HR Department no later than [Insert Time] on [Insert Date].

Please be advised that compliance with this medical retesting is a mandatory condition of your continued employment in your current role. Failure to complete the required testing by the deadline stated above may result in [Insert Consequences, e.g., suspension of duties / disciplinary action].

The company will cover the costs associated with this mandatory testing. If you have any questions regarding this requirement, please contact [Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]