

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Notification for Mandatory Annual Physical Examination**

Dear [Employee Name],

This letter is to notify you that you are now due for your Annual Physical Examination for the year [Year]. As part of our corporate wellness program and commitment to occupational health and safety, all employees are required to undergo this medical check-up.

**Examination Details:**

- **Facility:** [Clinic/Hospital Name]
- **Address:** [Clinic Address]
- **Period:** From [Start Date] to [End Date]
- **Operating Hours:** [Clinic Hours]

**Instructions:**

1. Please schedule your appointment by calling [Phone Number] or visiting [Booking Website].
2. Fast for at least 8 to 10 hours prior to your appointment (water is permitted).
3. Bring your company ID and a copy of this letter.

The cost of the standard physical examination package will be fully covered by the company. Please ensure your examination is completed by [Deadline Date] to remain compliant with company policy.

If you have recently completed a physical exam through a private provider, please submit the medical certificate to the HR Department for validation.

Best regards,

[Name]

[Title]

[Human Resources/Health and Safety Department]

[Company Name]