DATE: [Date]

TO: [Name of Physician/Psychiatrist]
[Clinic/Facility Name]
[Address]
[City, State, Zip Code]

RE: Psychiatric Fitness for Duty Evaluation
Employee Name: [Employee Name]
Date of Birth: [DOB]

Dear Dr. [Last Name],

This letter is a formal request for a psychiatric fitness for duty evaluation for the above-named employee. We are requesting this assessment to determine if the employee is mentally and emotionally capable of performing the essential functions of their position safely and effectively.

The specific reasons for this request include: [Briefly describe objective behavioral observations or safety concerns].

Please address the following in your evaluation report:

- Does the employee have a mental health condition that impacts their ability to perform their job duties?
- Is the employee able to perform the essential functions listed in the attached job description?
- Does the employee pose a direct threat to the safety of themselves or others in the workplace?
- Are there any specific workplace accommodations or restrictions you recommend?
- What is the expected duration of any suggested restrictions?

Attached to this letter, you will find:

- A signed medical release form from the employee.
- A copy of the employee's official job description.

Please send the completed evaluation and your recommendations to [Name of HR Contact] via [Email/Fax/Mail]. If you have any questions, please contact me at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Company Name]