URGENT: MEDICAL EVALUATION REQUEST

Date: [Insert Date]

To: [Clinic Name / Medical Provider Name]
Address: [Clinic Address]
Phone: [Clinic Phone Number]

RE: Fitness for Duty Evaluation

Employee Name: [Employee Full Name]
Date of Birth: [Employee DOB]
Job Title: [Job Title]

Dear Medical Provider,

The above-named employee is being referred to your clinic for an urgent Fitness for Duty (FFD) evaluation. This request is based on [select one: observed behaviors / recent workplace incident / safety concerns] that may impact the employee's ability to perform their essential job functions safely and effectively.

Scope of Evaluation:
Please evaluate the employee's physical and/or mental capacity to perform the duties outlined in the attached job description. Specifically, we require your professional medical opinion on:

- Whether the employee is currently fit to perform their job duties.
- Any necessary functional limitations or work restrictions.
- The anticipated duration of such restrictions.
- Whether the employee poses a direct threat to the safety of themselves or others in the workplace.

Confidentiality:
Please provide only the information necessary to determine the employee's functional abilities and limitations. Do not include specific underlying diagnoses unless directly relevant to workplace safety and accommodations.

Please send the completed evaluation results to [Contact Name/HR Department] via fax at [Fax Number] or secure email at [Email Address] as soon as possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]

[Company Name]
[Phone Number]