DATE: [Insert Date]

TO:
[Doctor Name]
[Clinic/Medical Facility Name]
[Address]
[City, State, Zip Code]

RE: Independent Medical Examination (Fitness for Duty)
Employee Name: [Employee Name]
Date of Birth: [DOB]
Date of Injury/Onset: [Date, if applicable]

Dear Dr. [Doctor Last Name],

We are requesting an Independent Medical Examination (IME) to evaluate the above-named employee's fitness for duty. The purpose of this evaluation is to determine the employee's physical and/or mental capacity to perform the essential functions of their job safely and effectively.

Background:
[Briefly describe the reason for the request, e.g., extended medical leave, observed performance issues, or recent workplace injury].

Enclosed Documentation:
To assist in your evaluation, we have enclosed:
- The employee's formal Job Description (outlining essential functions).
- Pertinent medical records currently on file.
- [List any other relevant documents].

Specific Questions for Evaluation:
Please provide a written report addressing the following:

1. Based on your examination, does the employee have a medical condition that limits their ability to perform the essential functions of their job?
2. Are there specific functional limitations or work restrictions required? If so, please detail them and provide an estimated duration.
3. Is the employee able to return to full duty without restrictions? If not, what is the anticipated date for a full return?
4. In your professional opinion, does the employee's current condition pose a direct threat to the safety of themselves or others in the workplace?

Please send the completed report and your invoice to [Contact Name/Department] at [Email Address or Mailing Address].

Thank you for your assistance in this matter.

Sincerely,

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