[Company Letterhead]

[Date]

[Executive Name]
[Job Title]
[Department]

Subject: Notice of Mandatory Executive Medical Examination

Dear [Executive Name],

As part of [Company Name]'s commitment to executive wellness and in accordance with our corporate governance policies, you are required to undergo an annual Key Executive Medical Examination.

This examination is a proactive measure designed to support your long-term health and ensure leadership continuity for the organization. The assessment will be conducted by our designated healthcare provider:

Provider: [Clinic/Hospital Name]
Location: [Address]
Contact: [Phone Number/Email]

Next Steps:

- Please contact the provider listed above to schedule your appointment before [Deadline Date].
- The full cost of the examination and any diagnostic tests will be covered by the company.
- The results of the medical evaluation are strictly confidential and will remain between you and the medical provider. The company will only receive a confirmation of completion and a summary regarding your fitness for duty.

If you have any questions regarding the scheduling process or the scope of the examination, please contact [HR Name/Department] at [Contact Information].

Thank you for your cooperation and your continued leadership.

Sincerely,

[Signature]
[Name of Sender]
[Title, e.g., Chief Human Resources Officer]