Request to Medical Practitioner-Letter

[Date]

[Name of Medical Specialist‘s]

Dear [Name of Medical Specialist]

**RE: [EMPLOYEE’S NAME] – REQUEST FOR MEDICAL OPINION**

The above employee has been absent from work since [date] due to [injury/illness].

I now have to decide whether or not the Company can hold open the employee’s position, but before doing that I would like a current assessment from you on the employee’s prognosis.

To that end would you please provide a written report setting out your opinion, including answers to the following questions:

* When will the employee be able to resume full duties?
* If you are unable to put a definite time on a return to full duties what is the minimum time away from full duties that the employee will require?

If your opinion is that the employee will not be fully fit to resume normal duties by [date], it is likely that the employee’s employment will be terminated.

We enclose a pro forma letter for the employee to sign authorising you to provide us with the above information. We also enclose a copy of the employee’s current job description for your information.

Please may we have your opinion by [date].

Yours faithfully

[Manager’s Name]

[Manager’s Title]