Requirement for Medical Assessment-Letter

[Date]

[Employee’s Name]

[Employee’s Address]

Dear [Employee’s First Name]

**RE: ABSENCE FROM WORK –MEDICAL ASSESSMENT**

You have been absent from work due to [injury/illness] since [date] and to date have been unable to advise when you will be fit to resume normal duties.

Because you hold a key role the Company cannot hold open your position indefinitely and now I have to decide what the Company’s decision will be.

However before making that decision I want to consider an up to date assessment of your medical condition.

Therefore I request you to consult with [Name of Medical Specialist] on [date]. Enclosed is a copy of a letter we have sent to [name of medical specialist] which sets out the information we need. The cost of the medical examination will be paid by the Company.

If [Name of Medical Specialist]’s opinion is that you will not be fully fit to resume your duties by [date] it is likely my decision will be to terminate your employment.

I will hold any decision until [date]. If you fail to see [Name of Medical Specialist] I will have no alternative but to make the decision on the basis of the information already before me.

If [Name of Medical Specialist]’s opinion is that you will be fit to resume your duties by [date], but subsequently that turns out not to be the case, it is also likely my decision will be to terminate your employment at that time.

If you have any questions about this matter please let me know.

Yours faithfully

[Manager’s Name]

[Manager’s Title]