

Letter directing employee to undertake a fitness for work assessment



[INSERT DATE]

[INSERT EMPLOYEE'S NAME]

[INSERT EMPLOYEE'S ADDRESS]

Dear [INSERT EMPLOYEE'S NAME]

Re: Fitness for work directive

We refer to our previous correspondence dated [INSERT DATE].

We are sorry to hear your illness is continuing. [INSERT COMPANY NAME] attempts to accommodate employees who are suffering from illness or injury. To this end, we have taken measures to be supportive of you during your illness and accommodate you, including [INSERT ACCOMMODATIONS MADE].

On [INSERT DATE] you exhausted your entitlement to paid sick leave and since that time all absences from the workplace have been unpaid.

You have been absent from the workplace since [Insert date], a total of [INSERT NUMBER OF DAYS] days as at the date of this letter.

Your most recent medical certificate dated [INSERT DATE] from [INSERT DR NAME] provides that you will not be fit for duty from [INSERT DATE FROM - TO].

The certificate does not expressly state the date on which you will be fit to return to work. This creates ongoing uncertainty for [INSERT COMPANY NAME], as your medical certificate does not provide a clear indication of when you will be fit to resume duties, or the full anticipated duration of your absence.

While [INSERT COMPANY NAME] regrets that your illness is continuing, [INSERT COMPANY NAME] needs to make arrangements to operate the business in your absence and make an assessment of whether you will be able to return to your pre-injury duties within a reasonable period of time.

[INSERT COMPANY NAME] cannot allow you to return to the workplace until your treating doctor has made an assessment that you are fit to return to work. [INSERT COMPANY NAME] must comply with its obligations under occupational health and safety laws requiring [INSERT COMPANY NAME] to provide all employees with a safe and healthy working environment. [INSERT COMPANY NAME] cannot allow an employee to work in a position where there is risk to the employee's health and safety, or the health and safety of others in the workplace.

Accordingly, [INSERT COMPANY NAME] requires you to undergo a fitness for work assessment by [INSERT DR NAME]. We will ask the doctor to answer the following questions in relation to your fitness for work:

- Is [INSERT EMPLOYEE'S NAME] able to safely perform the inherent requirements of their role?
- What is the expected prognosis regarding recovery and the anticipated timeframe?
- Are there any 'triggers' or 'stressors' particular to the diagnosis that may be present in the workplace?
- Is [INSERT EMPLOYEE'S NAME] currently prescribed any medication that may impair fitness for work or pose a risk to the safety and health of themselves or others in the workplace?

In order to assist the doctor to understand your position of [INSERT POSITION TITLE], and thus your normal duties, we will provide the doctor with a copy of your job description and/or list of indicative tasks performed by you in your position. We will also advise the doctor that if he/she would like to visit the workplace, he/she may do so. [INSERT COMPANY NAME] will pay the reasonable cost of preparing the medical report. We attach an authorisation addressed to [INSERT DR NAME], who will conduct the medical assessment, which we ask you to sign and return to us.

[INSERT COMPANY NAME] wishes to ensure your health and safety in the workplace and accordingly believes it is reasonable, and indeed necessary, for us to obtain this information. If you refuse to undertake the medical assessment or sign the authorisation, there may be disciplinary actions taken.

When you have had an opportunity to consider this letter, please contact me on ... to arrange a suitable time to attend your appointment with [INSERT DR NAME].

Yours faithfully,

[INSERT NAME]

[INSERT COMPANY NAME]

Signature
