

Letter to doctor regarding employee fitness for work



[INSERT DATE]

[INSERT DOCTOR'S NAME]

[INSERT DOCTOR'S ADDRESS]

[INSERT DOCTOR'S EMAIL]

Dear [INSERT DOCTOR'S NAME]

RE: Fitness for work

I believe [INSERT EMPLOYEE'S NAME] is under your medical care.

Following [INSERT EMPLOYEE'S NAME] authorisation provided on [INSERT DATE] allowing us to request further medical information from you regarding their fitness for work, we require clarification on the following details.

In your medical opinion:

1. Is [INSERT EMPLOYEE'S NAME] able to safely perform the following inherent requirements of their role?

Job task	Employer comments	Please tick if can be safely performed	Doctor's comments
<i>(to be completed by employer)</i>	<i>(to be completed by employer)</i>	<i>(to be completed by doctor)</i>	<i>(to be completed by doctor)</i>
<i>Example: Receive phone calls and provide advice.</i>	<i>Example: Rostered on phones in the phone centre for three hours at any one time.</i>	<input type="checkbox"/>	
		<input type="checkbox"/>	
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2. What is the expected prognosis regarding recovery and the anticipated timeframe?

Prognosis: _____

Anticipated timeframe for recovery (days/weeks/months): _____

3. Are there any 'triggers' or 'stressors' particular to the diagnosis that may be present in the workplace?

4. 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?

If you require any additional information, please don't hesitate to contact me on [INSERT CONTACT NUMBER AND EMAIL].

Yours faithfully,

[INSERT NAME]

[INSERT COMPANY NAME]

Signature
