

Letter authorising employer to liaise with employee's doctor



[INSERT DATE]

Dear [INSERT DOCTOR'S NAME]

Re: Authority to provide medical information to my employer

I, [INSERT FULL NAME], hereby authorise my employer, [INSERT FULL COMPANY NAME], to liaise with you regarding my fitness for work.

This includes disclosing to my employer any information regarding current medical conditions or restrictions that may impact on my ability to perform the inherent requirements of my role.

Yours faithfully,

[INSERT NAME]

Signature

Medical Practitioner's Details (*employee to complete*):

[INSERT DOCTOR'S NAME]

[INSERT DOCTOR'S ADDRESS]

[INSERT DOCTOR'S CONTACT NUMBER]

Details of the person who will be contacting the doctor on behalf of [INSERT FULL COMPANY NAME]:

[INSERT NAME]

[INSERT POSITION]

[INSERT CONTACT NUMBER]