APPENDIX 19F – EMPLOYERS’ HANDBOOK *(Remove comments in red and insert details for individual employee in areas highlighted in grey.)*

**SAMPLE LETTER TO AN OCCUPATIONAL HEALTH DOCTOR REQUESTING OPINION ON FITNESS FOR WORK**

Name

Address

Date

Dear ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for agreeing to meet with our employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_.

Mr/Mrs/Miss/Ms was employed as (include details of employee’s position, and employment/ attendance history, medical history and present health).

As an employer, our employee’s health is our priority and we would wish to receive your views on the following:

For clarity the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ entails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For clarity the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ entails \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if an alternative exists)

1. Do you consider that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is fit to return to work?
2. If so, in the capacity of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_ or neither?
3. If not, do you consider that \_\_\_\_\_\_\_\_\_\_\_\_\_ has a disability under the Disability Discrimination Act 1995?
4. Are reasonable adjustments necessary for any return to work?
5. How long do you envisage \_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be off work?

If you require anything further, please do not hesitate to contact me.

Please find attached the employee’s medical records/GP report.

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_