**REMOVE: TEMPLATE INDEPENDENT MEDICAL EXAMINATION LETTER TO EMPLOYEE**

[Insert Operator letterhead]

[Date]

**PRIVATE AND CONFIDENTIAL**

[Employee name]
[Employee position]
[Employee address]
**[By Hand]/ [By email:** [insert email address]**]**

Dear [insert name]

**Fitness for Duty – Independent Medical Examination**

As your employer, we need to obtain certain information regarding your fitness for duty to ensure we can provide a safe workplace for you.

We require that you undergo an independent medical examination by a medical practitioner appointed by us. An appointment has therefore been made for you to attend the practice of [insert name of practice] on [date] at [location]. The assessment will, amongst other things, be undertaken in accordance with the requirements under the Austroads ‘Assessing Fitness to Drive’ document: <https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drive>

You are directed to attend and participate in theindependent medical examination to enable us to assess your fitness for duty. This a lawful and reasonable direction, provided for under the Passenger Vehicle Transportation Award 2020 [and in accordance with – if you have one - clause [insert clause] of your Employment Agreement dated [insert date].] If you refuse to undergo the medical examination without good reason you may be subject to disciplinary action, including potential termination of employment.

The medical examiner will require you to sign a consent form for the release of a medical examination report to us and to enable us to consider this medical information.

In addition, a refusal to attend and participate in the medical examination is likely to be to your detriment as we may then be forced to make a decision about your future employment without the benefit of an expert medical opinion. This would not be a satisfactory situation and is not in the interests of either yourself or us.

Further, without medical advice it makes it very difficult for us to review what, if any, adjustments or modifications we might reasonably be able to make to facilitate your return to work and/or to support your return to work.

The cost of the medical examination will be met by us.

[Your current medical certificate of capacity provides that you have no capacity for employment from xxxx to xxxx]. We will write to you again to advise the outcome of the medical examination.

If you have any queries, please contact me by email xxxx or telephone xxxx

Yours sincerely

# [insert sign off]