[Print on

<<Employee's Name>>

<<Address>>

<<Address>>

<<Post Code>>

<<Date>>

Dear << >>

Re. Pr

I am writing to inform you that yo placing your employment at risk. has become necessary for the prospects of your return to work a fulfilling your job requirements. P examination by the appointed med

[We further request that you prostatement certificate [the statutor provide us with more information medical provider considers that account of the following advice'.]

If you have any queries please do

Yours sincerely

<<Name & Title>>
For and on behalf of <<Company

I hereby confirm my consent to a r <<pre><<pre>consent to a r

Signed by.....

r insert Address]

ness Absence

[persistent] absence from work is [persistent] absence from work it medical adviser to ascertain the our condition will prevent you from attached letter consenting to an

· own GP or medical provider, a ferred to as a 'fit note'. This will d let us know whether your GP or c', or 'may be fit for work taking

e.

ne Company's medical adviser

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