**Letter to employee’s doctor/consultant requesting a medical report**

*[Insert name]*

*[Insert address]*

*[Insert date]*

Dear *[insert name]*,

Re: Request for medical report for *[insert name of employee]*

I would be grateful if you would provide a medical report on your patient, *[insert employee’s name and address]* who works for our Company

As employers we are obviously concerned as to when *[insert name]* will be able to return to *[delete as appropriate - his/her]* duties and although we have put this question to *[delete as appropriate – him/her]* we also felt it necessary to ask you when you consider *[delete as appropriate – he/she]* may be well enough to be able to return to normal duties. Additionally, it may be of assistance if you are able to advise us of any appropriate measures that we could reasonably take to facilitate a return to work.

We have provided *[insert employee name]* with information on the statutory rights relating to access to medical reports and I have enclosed a copy of *[delete as appropriate - his/her]* signed consent form. As you can see, *[insert employee name]* *[delete as appropriate - does/does not]* wish to see the report before it is sent to us.

In order to assist you, I note below details of the job *[delete as appropriate – he/she]* is required to do, *[delete as appropriate - his/her]* hours of work and some brief details of *[delete as appropriate - his/her]* working environment.

*[Insert details of working arrangements etc]*

The absence record for *[insert employee name]* over the past year is as follows:

*[Insert details of absence record]*

I should be very grateful if you could provide the information indicated/answer the following questions concerning the health of *[insert name of employee]* as part of your report:

It would be helpful if you could include your medical opinion in respect of the following:

1. What is the reason for (name’s) ill health and attendance record? Please list their symptoms. If these symptoms amount to a recognisable underlying medical condition, please state what that condition is, or is most likely to be, where appropriate giving the reasons for your diagnosis.

2. How long do you believe their symptoms or condition will persist and what is the likely date of return to work? If this is impossible to assess, please say so. Otherwise, would you say that it is likely to be three months/six months/one year/several years? Please be as precise as possible.

3. What effect, if any, does this condition have on their normal day-to-day activities apart from work?

4. Do you consider (name) has, or will have, a disability under the meaning described in the Equality Act 2010 (i.e. an impairment which has, or is likely to have, a substantial and long-term adverse effect upon the ability to perform normal day-to-day activities)? If so, how long is it likely to last?

5. Please detail any treatment and/or medication that they are receiving and what, if any, side-effects such medication or treatment might have

6. Are there any reasonable adjustments we could make to accommodate any disability or facilitate a return to work? If we were to make these adjustments, when could they return to work?

7. Is our employee likely to be able to render regular and efficient service in the future?

8. Is there any specific recommendation you wish to make which would help in finding an alternative role, if that is necessary?

Please give any additional information that might assist us in making our assessment.

*[Select from paragraphs below and delete as appropriate]*

Please return the report to me using the stamped addressed envelope I have enclosed.

*[OR]*

Once the employee is satisfied for the report to be sent to us, please return it in the stamped addressed envelope I have enclosed. I confirm that the employee has been made aware of the timelines and actions involved in their right to have access to this report.

I would like to take this opportunity to thank you in advance and trust that you will give your attention to this matter as we would be grateful for an early reply. Please attach your invoice to the report following the BMA guidance on fees.

If there is likely to be a delay in replying, I should be grateful if you would acknowledge receipt of this letter.

Yours sincerely,

*[Insert name]*

*[Insert job title]*