

Fitness-For-Duty Notice To Attend

[Date]

[Employee Name]

[Address]

[City, State, Zip Code]

RE: Notice of Scheduling of Fitness-for-Duty Examination

Dear [Employee Name]:

As you are aware, [Company Name] has been engaging with you in a *Good Faith Interactive Process* in compliance with Title I of the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA). [Company Name] has determined that additional medical information is needed to best support you and this interactive process. To obtain this, you will receive a fitness-for-duty examination with a [Company Name] appointed physician. [Company Name] can coordinate a fitness-for-duty examination with a qualified occupational medicine physician, psychologist, or psychiatrist in the event that [Company Name] determines that the need to do so is job related and consistent with business necessity (42 USC § 12112(d)(4)(A); Gov. Code § 12940(f)(2); add any BP/AR specific to organization), and there are objective facts that:

- A. The employee may have a medical or psychological condition that could result in a direct physical threat or other liability to themselves, a co-worker, or the public.
- B. The employee may have a physical condition or injury that impacts their ability to perform the essential functions of their classification, and it is unclear as to what type of reasonable accommodation is necessary.

Your fitness-for-duty examination is scheduled as follows:

Date of Exam: _____ Address: _____
Time of Exam: _____ am/pm Contact: _____
Name of Physician: _____

The reason for scheduling this fitness-for-duty examination is the following:

- [Specific reason(s)]

The physician will be requested to indicate if you have a serious medical condition that limits your ability to perform a major life function such as work. If so, she/he will be requested to list any functional limitations/work restrictions that must be accommodated to support you to safely perform the essential functions of your job.

Please be advised that you are being directed to attend this appointment. You will be paid for your time to attend the appointment and reimbursed for your mileage to and from the facility.

Please contact my office if you have any questions about the above notice. I can be reached at [phone number].

Sincerely,

[Name]

[Title]

cc: Employee's reasonable accommodation or medical file
Other interactive process representatives or participants