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~~~~ Employer Details ~~~~

Name and address of company

~~~~ Employee Details ~~~~

ID No. of employee etc.

**CONSENT TO INSPECT MEDICAL AND PSYCHOLOGICAL REPORTS**

I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ("the Company") and/or any manager designated by the Company, inspecting any psychological and/or medical certificates, medical or psychological evaluations or examinations for the purpose of evaluating my capacity to perform my duties as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I further consent to undergoing a psychological and medical evaluation at the instance of the Company for the purpose of determining the nature, extent and duration of any incapacity suffered by myself.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Medical Doctor

We are the employer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, having Identity Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

To assist us in evaluating the employee’s fitness to continue his employment with the company during an Incapacity Enquiry arising from his continuous absence from work during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, we require clarity regarding the following information:-

1. The medical nature of his illness;
2. The date when such illness was diagnosed by a competent medical practitioner
3. The duration of his absence from work during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and his expected date of return to work;
4. Any consequences which his illness may have had on his work performance or conduct prior to the medical treatment of his illness;
5. What treatment would be required to receive and the duration thereof;
6. Whether the employee would be in a position to resume his normal work duties, provided he complies with medical treatment prescribed for him.

We would greatly appreciate a detailed medical report clarifying the above-mentioned questions for presentation at the Incapacity Enquiry proceedings being conducted by his employer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Attached, please find a letter of consent from the employee.

Yours sincerely

MANAGER