**Form 2 - Employee Acknowledgment**

[Insert Agency logo]

I confirm that I have received my Agency’s letter of (insert date) and copies of the documents that my Agency has sent to <insert Service Provider name> in relation to my medical assessment.

The documents are:

1. *Agency Referral for Medical Services* form; and
2. A written brief to <insert Service Provider name> that details the information about my health related issue(s).

**Employee’s name** Employee’s s**ignature** **Date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Insert Name) |  |  |  |  |

**Return to:**

(Insert Name of Agency contact)

(Insert role title of Agency contact person)

(Insert Address 1)

(Insert Address 2)

(Insert Address 3)

**Sample covering letter to employee**

(Insert employee name)

(Insert Address 1)

(Insert Address 2)

(Insert Address 3)

(Insert Date)

Dear (Insert Mr/Ms) (Insert Last Name)

**Subject: Copy of Medical Assessment Request Documents**

The <insert Agency name> has requested <insert Service Provider> to arrange for you to undergo a medical assessment.

I have enclosed copies of the referral information sent to <insert Service Provider> to inform the medical assessment. This includes an *Agency Request for Medical Services* form and a written report containing

the basis for the referral; the inherent requirements and demands of your assigned role; an outline of any relevant health related issue(s) and how this is seen to be affecting your work performance; and other relevant information.

I have also enclosed the following documents:

* ***Employee’s acknowledgement*** form for your signature and return
* ***Information sheet: Employee Information – Medical Assessments*** for your information
* ***Privacy and consent to release medical information*** form to take with you to your medical assessment appointment
* Employee Assistance Program for your information.

You may send additional comments or information about the enclosed information or same health related issue to <insert Service Provider> at <insert Service Provider email address>**.** If you do so, it would assist if you were to send a copy to <Agency contact person> at <Agency contact person email address> to ensure that the Agency has all the relevant information in decision-making.

<Insert Service Provider> will contact you soon to arrange an appointment for your medical assessment.

You may choose to have a support person accompany you at the medical assessment. You may also request an interpreter, if required.

Please let me know that you have received the information referred to <insert Service Provider name> by signing and returning the **Employee’s Acknowledgement of Receipt** form to <Agency contact person> at <Agency contact person email address> by <insert date>.

Yours sincerely

(Insert Name)

(Insert Title)