

Pre-Employment Medical Clearance Request

Date: [Insert Date]

To: [Medical Provider's Name]

[Medical Provider's Address]

[City, State, Zip Code]

Dear [Medical Provider's Name],

I hope this message finds you well. I am writing to request a pre-employment medical clearance for [Employee's Full Name], who has been offered a position at [Company Name] as [Job Title].

As part of our hiring process, we require all potential employees to undergo a medical examination to ensure they meet the necessary health requirements for the role. Please conduct the appropriate assessments and provide us with a medical clearance certificate at your earliest convenience.

If you have any questions or need further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Company Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]