

Pre-Employment Medical Evaluation Acceptance

Date: [Insert Date]

To: [Employee Name]

Address: [Employee Address]

Dear [Employee Name],

We are pleased to inform you that your offer of employment with [Company Name] is contingent upon the successful completion of a pre-employment medical evaluation. This evaluation is to ensure your ability to perform the essential functions of your position safely and effectively.

Please schedule your medical evaluation at your earliest convenience. You can contact [Medical Provider's Name] at [Contact Information] to arrange an appointment. Your evaluation must be completed no later than [Insert Deadline].

Once you have completed the evaluation, please ensure that the results are sent directly to our HR department at [HR Contact Information].

If you have any questions regarding this process, feel free to reach out to our HR team.

Thank you for your attention to this important matter, and we look forward to welcoming you to our team!

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Phone]

[Company Email]