

Medical Report Inquiry for Employment Verification

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Recipient Name]
[Recipient Title]
[Medical Facility/Organization Name]
[Facility Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request a medical report regarding [Employee's Name], who has applied for employment with [Company Name]. As part of our standard procedure, we seek to verify the medical history and overall health status of potential employees.

Please include any relevant information that you are authorized to share regarding [Employee's Name]'s medical background and any factors that may affect their ability to perform essential functions of the job. We appreciate your attention to confidentiality and compliance with any related regulations.

If you require any forms or additional information from our side to process this request, please do not hesitate to ask. You may reach me at [Your Email] or [Your Phone Number].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]
[Your Job Title]
[Company Name]