

Medical History Verification

Date: [Insert Date]

To Whom It May Concern,

This letter serves to confirm the medical history of [Employee's Name], who has applied for employment with [Company Name]. Below is a summary of relevant medical information as per request for employment verification.

Employee Information

- **Name:** [Employee's Full Name]
- **Date of Birth:** [Employee's Date of Birth]
- **Employment Dates:** [Start Date] to [End Date]

Medical History Summary

[Brief overview of medical history relevant to job requirements, including any significant conditions, treatments, or medications, and confirmation of fitness for duty.]

Confidentiality Notice

This information is confidential and intended solely for the use of the individual or entity to whom it is addressed. Unauthorized use, disclosure, or distribution is prohibited.

If you have any questions or require further information, please feel free to contact me at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice/Organization]

[Contact Information]