

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Medical Certification

Dear [Recipient's Name],

I am writing to formally request a medical certification for employment purposes. As part of my application process for the position of [Job Title] at [Company Name], I am required to provide documentation of my medical fitness.

Please find enclosed my consent form allowing you to contact my healthcare provider for this information. I would appreciate it if you could provide the necessary documentation at your earliest convenience to comply with the employment requirements.

Thank you for your attention to this matter. Please feel free to contact me if you need any further information.

Sincerely,

[Your Name]