

# Referral for Occupational Health Services

Date: [Insert Date]

To: [Occupational Health Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name],

I am writing to refer [Employee's Name], who works as a [Employee's Job Title] in our organization, for an occupational health assessment.

[Employee's Name] has been experiencing [brief description of health issues/concerns] which may impact their ability to perform their job duties effectively. We believe that a comprehensive evaluation by your team would provide valuable insights and recommendations for their return to work.

Please find attached relevant medical records and any additional documentation you may require. We would appreciate your assessment and guidance on any necessary accommodations or interventions.

If you have any questions or require 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]