**[Use Agency’s letterhead]**

Date (Month Day, Year)

Employee’s Name

Position Title

Address 1

Address 2

City, State Zip

Subject: Order for Private Physician or Practitioner to Conduct Fitness-for-Duty Assessment

Dear Employee:

The District government is committed to ensuring a safe and secure workplace where all employees can perform the essential functions of their position, with or without reasonable accommodation(s). An agency, with approval and oversight from the personnel authority, may require an employee to undergo a medical evaluation when [**Insert applicable Chapter 20 basis, for example, there** **is a reasonable concern about the employee’s continuing ability to physically or mentally perform the essential functions of their position** **or their** **work-related conduct or performance raises concerns for their health and safety, or the safety of others].**

You are being ordered to undergo an FFD because the agency has reasonable concerns about your continuing ability to perform the essential functions of your position as a (Position Title) in the (Employing Agency/Administration). Specifically, we have observed:

* [Describe the observations/issues in an enumerated list. These observations should be documented and in chronological order where possible (ex. emails, performance reviews, etc.).],
* [If applicable, document whether any counseling or disciplinary action has occurred and whether the employee has satisfactorily complied with the documented counseling requirements.], and
* Describe any efforts the agency has made to assist the employee.

As such, we are requiring you to report to your personal physician or practitioner so they may assess your ability to perform the essential functions of your job. Failure to comply with this order may result in administrative action.

Enclosed is a letter for your physician or practitioner explaining this requirement and process. The letter also includes a summary of the essential duties of your position. You are directed to return your physician’s or practitioner’s assessment to (Employing Agency Representative’s Name) by (Date). (**Insert any other actions the employee must take to comply with the order)**.

If the agency does not receive your physician’s or practitioner’s assessment by (Date), you will be referred to an occupational health physician/practitioner approved by the D.C. Department of Human Resources (DCHR) for evaluation, in accordance with Chapter 20 of the District Personnel Manual. The District government also reserves the right to seek a second (2nd) opinion. [**Insert whether employee will be placed on administrative leave pending the results of the FFD examination, if applicable**].

If you or your physician or practitioner have any questions concerning this letter, please contact (Employing Agency Representative Name) at (Telephone Number).

Sincerely,

Agency Head (or Designee)

Enclosures