

NOTICE OF ENQUIRY: INCAPACITY - MEDICAL

Employee Name

ID/ Passport

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Department

Date

Dear _____

We have observed concerns regarding your capacity to perform your duties due to possible medical reasons. To address this, we are required to conduct an enquiry to assess your current health status and its implications on your employment.

Reason for Enquiry:

Hearing Details:

Date

Time

Venue

Your Responsibilities:

- **Preparation of Documentation:** Please bring any medical documentation or evidence that you have which might pertain to your current health condition and its effects on your work performance. This could include medical certificates, doctor's notes, or any previous diagnoses.
- **In Absence of Documentation:** If you do not have any relevant medical documentation, please be aware that the company will arrange for an independent health professional to conduct a medical assessment to determine your capacity for work.

**Your Rights:**

- **Right to be Heard:** You have the right to explain your situation and discuss your health in relation to your job requirements.
- **Representation:** You may be represented by a fellow employee or a trade union representative during this process.
- **Right to an Interpreter:** If you require an interpreter due to language or hearing impairments, one will be provided. Please notify us by _____ to make arrangements.

Purpose of the Enquiry:

- To explore whether there are health-related reasons for your performance issues.
- To consider if reasonable accommodations can be made to support your continued employment.
- To determine if alternative roles or adjustments are feasible.
- To assess if your health condition leads to permanent incapacity for your current role.

Potential Outcomes:

- Recommendations for workplace adjustments or accommodations.
- A transition to another suitable role if one is available.
- The need for further medical evaluation by an appointed health professional.
- In cases where no adjustments can mitigate the incapacity, the discussion of medical retirement or termination due to incapacity.

Next Steps:

- Please gather any medical documentation you have and prepare for the enquiry.
- If you do not have documentation, be prepared for a medical assessment by our appointed health professional.
- Notify us if you will have a representative or require an interpreter by the deadlines noted.

Should you have any queries or require clarification regarding this notice, please do not hesitate to contact _____ at _____.

We aim to address this matter with sensitivity to your health and ensure a fair process.



Acknowledgement of Receipt:

- **Employee's Acknowledgment:** I acknowledge receipt of this notice and understand the contents therein.

Signature: _____

Date: _____

- **In case of Refusal to Acknowledge:**

If the employee refuses to acknowledge receipt, the following witness will confirm that the notice was received:

Witness's Name: _____

Witness's Signature: _____

Date: _____

This template is tailored for situations where no prior medical documentation has been provided, focusing on initiating a fair process to assess medical incapacity outside of work-related injuries covered by COID.