

OUTCOME AND RECOMMENDATION: INCAPACITY – MEDICAL

Employee Name

ID/ Passport

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Department

Date

Dear _____

Following the medical incapacity enquiry held on _____, we have reviewed all the information presented, including any medical documentation you provided or the results from the health professional's assessment arranged by the company. Here are the findings and recommendations:

Findings:

Recommendations:

Next Steps:

- **Right to Appeal:** You have the right to appeal this outcome. Please submit any appeal in writing to _____ within **7 days** of receiving this letter, clearly stating the grounds for your appeal.



- **Right of Referral:** You also have the right to refer this matter to the Commission for Conciliation, Mediation and Arbitration (CCMA) or the relevant Bargaining Council's dispute resolution centre for further review. You must do this within **30 days** from the date of this letter or from the date of the outcome of any internal appeal process.

Should you have any questions regarding these findings or recommendations, please do not hesitate to contact _____ at _____.

We appreciate your cooperation throughout this process, and our objective remains to support you while ensuring the operational needs of the company are met.

Acknowledgement of Receipt:

- **Employee's Acknowledgment:** I acknowledge receipt of this outcome 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 outcome was received:

Witness's Name: _____

Witness's Signature: _____

Date: _____

This template ensures the employee is fully aware of the medical incapacity enquiry's outcome, the proposed solutions, and their legal rights to contest the decision.