

*(Name and address of the employer)*

 *(Name and address of the employee)*

 *(Place and date)*

**Sending by ordinary mail and by registered mail with acknowledgement of receipt (*optional)***

Concern: Medical re-examination

*(Mrs./Mr.),*

Following your certificate of incapacity of work from ... covering the period from ... to ..., we hereby request you to present you at Dr. ... residing in ... on ... at ... hour*.*

According to established case law, the employer is entitled to have a medical re-examination carried out by a doctor of his choice and we inform you that an unjustified absence from the medical re-examination will be considered as a refusal of order liable to sanction.

The doctor's costs and fees are covered by our company.

Yours sincerely

 *(Name of the signer)*

 Representant of the company