

Dear Health Care Provider:

At **(name of organization)**, our primary concern is the safety of our workforce. Our workers are employed in **high-risk safety sensitive positions**. As part of our commitment to occupational health and safety, we have implemented a substance abuse testing and treatment program. The program is designed to respect employee privacy, the employee's medical requirements, or life-style choices and values of individual employees to the extent that these factors do not impair job safety, high quality employee work performance, or productivity.

Under our program, employees who are taking medications of any kind, whether prescribed or self-administered, are responsible for taking steps to ascertain whether the medications are capable of causing any impairment to their ability to carry out his / her job duties safely and efficiently. This requirement is consistent with Occupational Health and Safety Regulation 4.19(1).

(name of employee) has advised us that you have prescribed medication which may affect **(his / her)** worker's ability to safely perform assigned work. We have enclosed a physical demands analysis (which outlines the physical requirements of the worker's job) for your reference, as well as a "Fit for Duty" form which will assist us in determining how we can accommodate any restrictions the worker may have.

We would appreciate if you could complete the attached Fit for Duty Form and provide a copy to the employee. If you are unable to complete the form at this time please mail or fax to:

Name: _____

Fax: _____

Mailing Address: _____

Note: The Fit for Duty Form includes a copy of a properly signed Worker's Authorization to disclose medical information to the employer. We also wish to point out that the Company **Name/Organization** is prepared to pay for costs associated with completing this form. We will pay as per the BCMA fee code. Please send invoice to the address noted in this letter.

We appreciate your assistance in our early return to work efforts. If you have any questions in regards to this program please **contact, _____ at (____) _____.**

Sincerely,

Employer's Signature

Enclosures.