

**NEW EMPLOYEE NOTIFICATION OF APPOINTMENT - SAMPLE LETTER
(1700)**

(No. 20 January 1999)

STATE OF CALIFORNIA—THE RESOURCES AGENCY

PETE WILSON, Governor

DEPARTMENT OF FORESTRY AND FIRE PROTECTION

(Address)



(Date)

Dear _____:

As a new employee to the State of California or a current employee transferring to this classification, you are required to undergo a physical examination and be medically cleared for hire and proper placement. An appointment has been made for you at the following date, time, and location:

Date:
Time:
Provider:
Address:
Phone:

Attached you will find a Health Questionnaire/Medical Examination Report and the "Instructions to Providers and Examination Protocol" to take with you to your appointment. The health questionnaire is to be completed BY YOU WITH EXPLANATIONS FOR ALL "YES" ANSWERS (PAGES 1 AND 2). Provide the completed copy to the examining physician on the day of your examination. You will also find a copy of the CDF Environmental/ Physical/ Psychological Job Demand Statement for the position that you have applied for. Provide this to the licensed health care provider conducting your examination.

All medical records related to any illness, chronic condition, surgeries, or injuries noted in the Health Questionnaire should be submitted directly to the examining physician. If you wear corrective lenses (glasses), be sure to have them with you at the time of the examination. (Contact lenses are unacceptable.) You will be required to provide a photo identification to the person conducting the examination. (You may use a California Driver's License or California Identification Card.)

If you are unable to make this appointment, please contact _____ (Region Contact) at _____ (Location) _____ (Phone Number) _____, as soon as possible.

Thank you for your cooperation.

Sincerely,

(Region/Unit Chief or Designee)

Attachments