

**EMPLOYEE NOTIFICATION OF EXAMINATION 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 \_\_\_\_\_:

All California Department of Forestry and Fire Protection (CDF) employees who are required to wear a respirator during the course of their employment must have a medical examination and clearance when they are first hired and periodically thereafter. An appointment has been made for you on the date and at the office listed below.

- 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 licensed health care provider. 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