

TO: _____

FROM: _____

DATE: _____

RE: Request for Medical Documentation to Support My
Reasonable Accommodation Request

Request for Medical Documentation

Because of limitations caused by my medical condition(s), I have submitted a request to my employer for a reasonable accommodation. A “reasonable accommodation” is a modification or adjustment to a job or work environment that allows a person with a medical condition/disability to perform his/her work duties successfully.

My employer requires that I provide medical documentation explaining my need for an accommodation. I am asking your office to provide this medical documentation.

Need for Reasonable Accommodation

Please see the attached Worksheet with information about my medical condition(s), the symptoms I experience, the job duties I’m having difficulty performing, and my needed reasonable accommodation(s). This information will help your office prepare my medical documentation. Please discuss the Worksheet with me.

Necessary Medical Documentation

For my employer to approve my accommodation request, the medical documentation should include:

- 1) my medical conditions (causing the limitations);
- 2) my relevant symptoms;
- 3) how those symptoms affect my ability to do my job duties; and
- 4) how the requested RA would alleviate those difficulties.

Communicating with my Employer

I may/may not sign a consent form that gives my employer permission to contact you with medical questions and requests for documents. If I do sign the consent, please only provide information to my agency that relates to the condition(s) that has given rise to my need for accommodation.

Please contact me at _____ if there are any problems or questions regarding this request. Thank you.