

**SAMPLE LETTER TO REQUEST
MEDICAL DOCUMENTATION
NEEDED TO RESPOND TO A
REQUEST FOR REASONABLE
ACCOMMODATION**

ATTACHMENT A - Requesting Medical Documentation

SAMPLE LETTER TO BE SENT TO EMPLOYEE REQUESTING AN ACCOMMODATION DUE TO AN ALLEGED DISABILITY

(facility letterhead)

(Date)

(Name)

(Title)

(Mailing Address)

Subject: Certification of Need for a Reasonable Accommodation

1. You recently requested an accommodation for a physical (or mental) condition from which you claim to be suffering. However, you did not provide any medical documentation (or sufficient documentation) of this condition demonstrating a need for such an accommodation. Although some health problems may exist, the Agency is only required to make reasonable accommodation when an employee shows that he/she is a "qualified individual with a disability" as defined by 29 C.F.R. 1614.203.
2. The information you (or your health care provider) have provided is insufficient for the Agency to determine if you are currently a qualified individual with a disability. Without the necessary medical documentation, the Agency cannot make an informed assessment of your request for an accommodation. The Agency is not allowed to provide accommodation based upon prospective harm.
3. Information needed to determine if you are a qualified individual with a disability should include the following:
 - a. A detailed description of your exact medical condition(s) and the medical basis for such a finding;
 - b. Clinical findings from the most recent medical evaluation, including any of the following which have been obtained: Findings of physical examination; results of laboratory tests; X-rays; EKG's and other special evaluation or diagnostic procedures, and, in the case of psychiatric evaluation/psychological assessment, the findings of a mental status examination and the results of psychological tests if appropriate;
 - c. Prognosis, including plans for future treatment and an estimate of the expected date of full or partial recovery;

- d. An explanation of the impact of the stated medical condition on overall health and activities; including the basis for any conclusion that restrictions or accommodations are or are not warranted; and where they are warranted, an explanation of their therapeutic or risk avoiding value;
 - e. A detailed explanation of the specific duties of your current position description that you are unable to perform as a result of your disability. For purposes of this explanation, we are providing you with a copy of your current position description that should be given to your health care provider so that he/she can specifically identify those duties you are unable to perform due to your disability.
 - f. A detailed description of the precise accommodation recommended by your health care provider, including the basis of the recommendation and an explanation of how the proposed accommodation will allow you to perform the particular job duty at issue.
4. Upon receipt of the above documentation, management will make a determination as to whether you are a qualified individual with a disability as defined by the Rehabilitation Act. If you are deemed to be a qualified individual with a disability, full consideration will be given to your request for reasonable accommodation. **However, no decision will be made on your request for an accommodation until the above information has been provided.**
5. Should you have any questions, please feel free to contact me.

Sincerely,

(Supervisor's name)

Enclosure

cc: (name of EEO manager)