Department of Veterans Affairs

# REQUEST FOR MEDICAL DOCUMENTATION

Dear Health Care Provider:

Your patient has requested an accommodation *(describe the requested accommodation here)*

because of functional limitations caused by his/her disability. Since the disability is not visible, and we do not have documentation on file, I would appreciate information that would allow me to determine whether this individual has a disability covered by the Rehabilitation Act of 1973. The information that you provide will also help me determine whether the requested accommodation will be effective in eliminating or minimizing the limitations caused by the disability.

The key duties that your patient has advised that he/she is unable to perform, due to functional limitations caused by the disability are:

I have been given the responsibility for making a decision on this request. I cannot proceed until I receive the requested information. If you have any questions, please contact me at the telephone number below.

| MY NAME IS | MY PHONE NO. IS | MY TITLE IS |
|---|---|---|
| | | |

Please return this form and the requested information to me at:
*(Enter complete mailing address and fax number.)*

**Please do NOT provide a copy of the patient's complete medical history.** At present, we only need the following information:

(a) the nature, severity, and duration of the impairment;

(b) one or more of the activities the impairment limits (walking, reaching, breathing, etc.);

(c) the extent or degree to which the impairment limits an activity;

(d) the reason the individual requires accommodation or the particular accommodation requested, and/or

(e) how the accommodation will assist the individual in applying for a job, performing the essential functions of the job, or to enjoy a benefits of employment.

| NAME OF HEALTH CARE PROVIDER | SIGNATURE OF HEALTH CARE PROVIDER | DATE OF SIGNATURE |
|---|---|---|
| | | |

MEDICAL/PROFESSIONAL LICENSE CATEGORY AND NUMBER

This form should be retained separately from the employee's Official Personnel Folder.