

## Follow-Up Request for Medical Information

[Employee's Doctor's Name]

[Address]

[City, State, Zip Code]

### **RE: Supplemental Medical Questionnaire Request**

Dear [Doctor's Name]:

[Company Name] requests your assistance to ensure that reasonable accommodation options are able to be explored for your patient, [Employee Name].

[Employee Name] is currently on a leave of absence as a form of reasonable accommodation, utilizing his/her available and appropriate paid and unpaid leaves. [Company Name] requests your assistance to provide an estimate on when your patient may be medically expected to be able to return to work. As such, **we respectfully request that you provide the following clarification:**

1. Is it expected that [Employee Name] Name will be released to work, regular or modified, prior to [date]?
2. If so, what, if any work restrictions will be in need of accommodation?
3. If not, what is the expected duration of his/her leave needs?

To best support you to easily provide answers to the above, I have attached a simple questionnaire for your responses. **You can fax your completed questionnaire to my attention at [phone number] or provide it to your patient who will provide it to me.**

Thank you for your assistance in this matter. As further decisions regarding accommodation(s) are pending your reply, I look forward to your response as soon as possible. Please contact me if you have any questions at [phone number].

Sincerely,

[Name]

[Title]

Enc.: Supplemental Medical Questionnaire  
Essential Functions Job Analysis/Classification

cc: Organization  
Employee  
Insurance Company  
Applicant Attorney  
Defense Attorney

*Disclaimer: Sample document only. Participants are encouraged to contact their legal counsel prior to relying on any sample documents or forms.  
Source: Shaw HR Consulting, Inc., 2016, www.shawhrconsulting.com*

**SUPPLEMENTAL MEDICAL QUESTIONNAIRE** *(When TTD or requires a LOA)*

I have reviewed the supplemental medical questionnaire and Essential Functions Job Analysis on behalf of Mr./Ms. Name. Please find clarification as follows:

**LEAVE NEEDS CLARIFICATION:** [Employee Name] is currently off work on a leave of absence as a form of reasonable accommodation from his/her position of [position name].

1. *(Remove if not TTD)* You indicate that [Name] is Totally Temporarily Disabled from work at this time and through [date]. Is it correct for the employer to assume that you have restricted [Employee Name] from ALL work and not just their usual and customary or current position?

- YES, [Employee Name] is to be off work completely and is not able to work at this time in any capacity/position.
- NO, [Employee Name] is able to work as long as the following work restrictions/functional limitations are fully accommodated:  
*(please list)*

2. When do you expect [Employee Name] to be able to return to work of any kind, either modified or alternative?

**Date Specific:** I anticipate that she will be released to work on [date]

- With** work restrictions/functional limitations *(as listed under question 2)*
- Without** any work restrictions/functional limitations
- Unknown:** I am unable to estimate how long [Employee Name] will need to be COMPLETELY OFF WORK.
- Additional Information/Other:**

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3. Additional Clarification *(do not list any information pertaining to diagnosis, condition, or treatment)*

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[Doctor's Name]

\_\_\_\_\_  
Signature Date

**RETURN A COPY OF THIS FORM TO: [CONTACT INFORMATION]**

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Source: Shaw HR Consulting, Inc., 2016, www.shawhrconsulting.com*