

Request for Medical Information for Accommodation Consideration

[Date]

[Employee Name]

[Street Address]

[City, State, Zip Code]

Dear [First Name],

In an effort to evaluate your request for an accommodation, it will be necessary for you to provide the following medical information:

[Insert requested information]

Please have your healthcare provider direct this information to HR by [date]. Failure to provide this information may result in denial of our accommodation request.

Should you have any questions about this request, please contact [name, contact information]. I will contact you after the documentation is received and when a determination has been made.

Thank you for your cooperation.

Sincerely,

[Name]

Copy: Employee confidential medical file