

REQUEST FOR SUPPLEMENTAL MEDICAL DOCUMENTATION

Requestor's Name

Notice: *Medical Information may only be requested when needed to evaluate a request for reasonable accommodation. The Agency may request, and the requestor must provide, appropriate medical information related to the functional impairment and the requested accommodation where the disability and/or need for accommodation is not obvious or already known.*

MEMORANDUM FOR _____

On _____, you gave me a letter from your physician which was in response to my request to you on _____ for medical information to assist me in addressing your request for reasonable accommodation. As I noted at that time, my purpose in requesting documentation was not for the purpose of delving into your private medical history or harassing you; I simply needed more relevant information in order to make an informed decision. The medical documentation given to me so far is insufficient for me to make an informed decision.

To date, the medical documentation given to me is insufficient because it does not describe the nature or severity of your impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits your ability to perform the *essential functions* of your job.

I am willing to grant a reasonable accommodation provided one is available and you supply the necessary information. I wish to continue the interactive process to determine what actions, if any, can be taken to allow you to perform the essential functions of your position. Please keep in mind that this interactive process requires good-faith communication between both the supervisor and the individual employee.

To this extent, please provide the requested medical documentation to me within (15) calendar days from the date of issuance of this form. Failure to submit this requested medical documentation by that date will be interpreted as your agreement to end the interactive process.

Decision Maker (Supervisor)

Date

Requestor's Signature

Date Received