

RAR FORM 2.

NOTIFICATION OF REQUEST FOR MEDICAL INFORMATION

Case Number

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.*

Notification to the Program Manager: The above-identified Requestor has indicated that he/she has a disability which affects a major life function and has requested a reasonable accommodation in order to accomplish essential functions of his/her position. I have determined that a request for medical information as to the scope and limitations of the Requestor's functional impairment is necessary to continue the interactive process. I have provided the Requestor with **RAR Form 3**, a copy of which is attached.

Decision Maker (Supervisor)

Date

Date Received by Disability Program Manager: _____