

REQUEST FOR MEDICAL INFORMATION

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:

You are currently employed on the installation as a/an

The essential functions and applicable environmental factors of that position are as follows:

You have indicated you have a disability which affects your ability to accomplish those essential functions and have requested a reasonable accommodation(s) in the form of:

I am unable to determine the scope and extent of your named disability and how it affects your ability to accomplish the essential functions of the job as listed above. In order for you and I to continue the interactive process, I am requesting that you provide me medical documentation which will reflect an individualized medical assessment of your present ability to accomplish the essential functions of the position for which you are requesting a reasonable accommodation. My purpose in requesting more specific documentation is not for the purpose of delving into your private medical history or harassing you; I simply need more relevant information in order to make an informed decision. Medical documentation is sufficient if it:

(1) describes the nature, severity, and duration of your impairment, the activity or activities that the impairment limits, and the extent to which the impairment limits your ability to perform the activity or activities; and

(2) substantiates why the requested reasonable accommodation is needed.

I am providing a copy of your position description. You should provide that to your medical provider and ask that he/she ensure that at a minimum, in addition to the above, they address the following questions:

- ✓ Does your patient have a permanent medical condition which affects his/her ability to do the essential functions of the job as outlined in the job description provided? If the condition is not permanent, is there a projected date when your patient will not need a reasonable accommodation?
- ✓ If your patient has a medical condition, how does that condition affect his/her ability to do the critical aspects of the job?
- ✓ Are there any restrictions to how your patient could accomplish the job? What are these restrictions?
- ✓ What are your recommendations as to reasonable accommodations which might exist to allow your patient to perform the critical aspects of the job? Please state the medical basis for your conclusion.

The timelines for processing your request for reasonable accommodation outlined in the AFMC Guide will be suspended while you obtain this information. It is, of course, in your best interest to provide the information as soon as possible. Under normal circumstances, fifteen (15) calendar days is sufficient in order to schedule an appointment with your physician and obtain medical documentation. If you require an extension to obtain medical documentation, you should submit your written request to the undersigned within five (5) work days of this notification. If you have noted that a reasonable accommodation is time-sensitive, we can discuss an interim accommodation while we await receipt of your medical information.

If you have any questions, please let me know.

Decision Maker (Supervisor)

Date

Requestor's Signature

Date Received