

MEMORANDUM FOR XXXXXXXXXXXXXXXX

SUBJECT: Request for Medical Documentation

1. Reference Title 5, Code of Federal Regulations, Part 339—Medical Determinations Related to Employability.

2. **[NOTE: Here are some examples of possible lead-in sentences].** We are concerned about your welfare and the impact that your medical condition(s) may have on you and your performance of duties. The purpose of this memorandum is to inform you of the impact your absenteeism has had on mission accomplishment and to formally request substantive medical documentation in support of your absences. **OR** The purpose of this memorandum is to request additional information on the current status of your medical condition and to determine if accommodations can be made. **OR** The purpose of this memorandum is to request medical documentation to determine if you are able to perform the duties of your position.

3. **[NOTE: This is the background paragraph. Provide a background summary of the employee's past attendance record, any medical excuses/documentation they have provided, etc.].**

4. **[NOTE: You can modify this paragraph to suit your purpose. All the sentences can be edited or, if not true or relevant, deleted. Just remember to make sure the last sentence of this paragraph is used as a lead in before you ask for the medical info].** I am aware of the various medical problems you have experienced in the past. While I do not doubt the existence of your medical problems, I am concerned about the adverse impact your continuing absences are having on mission accomplishment. The uncertainty of when you will be able to work on a regular, full-time [part-time] basis makes it difficult to plan for long-range accomplishment of the work. I understand that you have indicated that you may have certain medical problems that may affect your ability to perform the essential duties of your position and may require accommodation. In order to fairly evaluate your ability to perform the essential duties of your position as a _____; and to clarify the medical reason for you staying out of the workplace, you are directed to have your physician(s) respond to the following and provide an assessment based upon their findings of your physical/functional capability.

5. The medical statement must contain the following minimum information to be considered acceptable:

a. Your name as the individual seeking medical care.

b. The specific medical condition(s) and the anticipated duration of those conditions and how they impact your performance of duties. This should include both a specific diagnosis and prognosis.

c. If your physician believes that an accommodation would allow you to perform the essential functions of your position, the accommodation(s) should be identified. Additionally, you can separately identify and request accommodations. Note that any requested accommodations will be reviewed by your supervisors to determine if the request is reasonable and will allow you to perform your essential functions.

d. The medical documentation should be on letterhead stationary and/or include the medical practitioner's typed/printed name, title, signature, address, telephone number, date(s) of office visit(s), and date of certificate.

6. Please know that I am available to discuss any employment or accommodation concerns with you. I assure you that I will work with you and subject matter experts to provide you with reasonable accommodations that are supported with appropriate medical documentation.

Respectfully,

Encl
Position Description

[Supervisor's Signature Block]

Receipt Acknowledged:

Employee Signature

Date