

Date: [Insert Date]

To: [Name of Healthcare Provider]

[Clinic/Hospital Name]

[Address]

Subject: Medical Documentation Request for Reasonable Accommodation

Dear [Healthcare Provider Name],

I am writing to request medical documentation to support my request for a reasonable accommodation under the Americans with Disabilities Act (ADA) or applicable local laws. Due to my medical condition, I am seeking a transfer to a different [position/location/department] at my workplace.

To assist my employer in evaluating this request, please provide a letter or complete the attached forms addressing the following:

- A verification that I have a physical or mental impairment that substantially limits one or more major life activities.
- An explanation of how my current work environment or job duties conflict with my medical limitations.
- A description of why a transfer to [specific location/role] is medically necessary to allow me to perform the essential functions of my job.
- The expected duration of the need for this accommodation.

Please do not disclose my specific diagnosis; focus only on the functional limitations and the necessity of the transfer.

The documentation can be returned to me or sent directly to my employer's Human Resources department at [HR Email/Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Employee ID]

[Your Phone Number]