[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Request for Medical Documentation and Fitness for Duty Evaluation

Dear [Employee Name],

This letter is in reference to your recent request for a reasonable accommodation dated [Date] regarding your position as [Job Title].

To better understand your functional limitations and to determine how we may effectively accommodate you in performing the essential functions of your role, we require additional information from your healthcare provider. We are specifically requesting a Fitness for Duty evaluation to ensure your safe return to or continuation of work.

Please find the following documents attached to this letter:

- A copy of your current Job Description outlining essential functions.
- A Medical Provider Information Form to be completed by your physician.
- A signed Authorization for Release of Medical Information.

We ask that your healthcare provider address the following:

1. The nature, severity, and duration of your impairment.
2. The specific activities or major life functions limited by the impairment.
3. How the impairment limits your ability to perform the essential functions listed in the attached job description.
4. Specific suggestions for reasonable accommodations that would allow you to perform those functions.

Please return the completed documentation to [Department Name/Contact Person] by [Deadline Date]. All medical information will be kept confidential and stored separately from your personnel file in accordance with the Americans with Disabilities Act (ADA) and other applicable laws.

We look forward to working with you through the interactive process to identify a solution that supports your health and your work responsibilities.

Sincerely,

[Signature]
[Name of Sender]

[Title]
[Company Name]