[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Healthcare Professional's Name]
[Professional Title]
[Clinic/Hospital Name]
[Address]

RE: Request for Medical Documentation for Reasonable Accommodation

Dear [Healthcare Professional's Name],

I am writing to request your assistance in documenting my need for workplace accommodations due to my mental health condition. I am currently employed as a [Your Job Title] at [Company Name].

Under the Americans with Disabilities Act (ADA), I am seeking a reasonable accommodation to help me perform the essential functions of my job. To process this request, my employer requires professional verification of my condition and how it impacts my work life.

Please provide a letter that includes the following information:

- Confirmation that I have a mental health impairment that substantially limits one or more major life activities.
- A description of how my condition affects my ability to perform my specific job duties.
- Specific recommendations for accommodations (e.g., flexible scheduling, remote work options, a quiet workspace, or modified break schedules).
- The anticipated duration for which these accommodations will be necessary.

Please do not include my specific diagnosis unless I have provided separate written consent to do so. The focus should remain on the functional limitations and the necessary accommodations.

Thank you for your time and for supporting my mental health and professional well-being. Please let me know if you need any further information from me.

Sincerely,

[Your Signature]

[Your Printed Name]