Date: [Insert Date]

To: [Employee Name]
Employee ID: [Insert ID Number]

Subject: Request for Medical Documentation Regarding Pregnancy Accommodation

Dear [Employee Name],

We received your request for workplace accommodations related to your pregnancy on [Date]. To better understand your needs and fulfill our obligations under the Pregnant Workers Fairness Act (PWFA) and relevant employment laws, we require additional information from your healthcare provider.

Please have your licensed healthcare provider complete the attached form or provide a written statement that includes the following information:

- The specific physical or mental limitation(s) related to your pregnancy, childbirth, or related medical conditions.
- The date the limitation(s) began and the expected duration (e.g., until the date of delivery or a specific postpartum date).
- A description of the specific workplace accommodation(s) recommended by your provider (e.g., more frequent breaks, modified lifting requirements, or remote work).
- An explanation of how the requested accommodation will address your medical limitations.

Please return the completed documentation to the [Human Resources Department/Name of Contact] by [Insert Date]. All medical information provided will be kept strictly confidential and stored separately from your general personnel file.

Once we receive this information, we will continue the interactive process to determine the appropriate accommodations to support you in your role.

If you have any questions, please contact [Name/Department] at [Phone/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]