[Date]

[Employee Name]
[Employee ID]
[Address Line 1]
[Address Line 2]

Subject: Request for Medical Documentation regarding Temporary Impairment

Dear [Employee Name],

We are writing to follow up on your request for a workplace accommodation related to a temporary medical impairment. To better understand how we can support you and ensure a safe working environment, we require additional information from your healthcare provider.

Please have your licensed healthcare professional provide the following information:

- The nature of the functional limitations affecting your job performance.
- The expected duration of these limitations (estimated start and end dates).
- Specific tasks or activities that are restricted or require modification.
- Suggestions for specific accommodations that would allow you to perform your essential job functions.

Please note that we are not requesting a specific medical diagnosis, only information regarding the functional limitations and the duration of the impairment.

Please submit this documentation to the [HR Department/Medical Office] by [Date]. All medical information provided will be kept confidential in accordance with privacy laws and company policy.

If you have any questions regarding this request, please contact [Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]