Date: [Insert Date]

To: [Medical Professional Name]
Address: [Medical Practice Address]
Phone/Fax: [Medical Practice Contact Info]

RE: Medical Documentation for Workplace Accommodation
Patient Name: [Employee Full Name]
Date of Birth: [Employee Date of Birth]

Dear [Medical Professional Name],

I am writing to request medical documentation to support my request for a reasonable workplace accommodation under the Americans with Disabilities Act (ADA) or applicable local laws. Currently, I am seeking an accommodation to work remotely from my home.

To assist my employer, [Company Name], in evaluating this request, please provide a signed letter or statement on your professional letterhead that addresses the following points:

- Verification that I have a physical or mental impairment that substantially limits one or more major life activities.
- A description of how my condition affects my ability to perform my essential job functions in a traditional office setting.
- Your professional recommendation regarding remote work as an effective accommodation to mitigate these limitations.
- The anticipated duration for which this accommodation will be necessary (e.g., permanent, or a specific period of time).

Please note that you do not need to disclose my specific diagnosis. The focus should remain on my functional limitations and the necessity of a remote work environment for my health and productivity.

I have attached my current job description for your reference. Please return the completed documentation to me directly or via [Secure Email/Fax Number].

Thank you for your assistance in this matter.

Sincerely,

[Employee Signature]
[Employee Printed Name]
[Employee Phone Number]