[Date]

[Employee Name]
[Employee ID]
[Employee Department]

Subject: Request for Medical Documentation regarding Ergonomic Desk Accommodation

Dear [Employee Name],

We have received your request for an ergonomic desk accommodation in the workplace. To better understand your functional limitations and to determine the most effective equipment or setup for your needs, we require additional information from your healthcare provider.

Please have your licensed medical professional provide a written statement that addresses the following:

- A description of the physical or medical condition that necessitates an ergonomic adjustment.
- The specific functional limitations you experience while performing your job duties (e.g., sitting, standing, typing).
- The duration for which the accommodation is expected to be necessary.
- Specific recommendations for equipment (e.g., sit-stand desk, ergonomic chair, monitor arms).

Please note that we are not requesting a disclosure of your specific diagnosis, but rather an assessment of your functional needs within the office environment.

Please submit this documentation to the Human Resources Department by [Date]. All medical information will be kept confidential in accordance with privacy regulations.

Once we receive this information, we will review it and meet with you to discuss the next steps in the interactive process.

Sincerely,

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