[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Request for Medical Documentation for Leave of Absence/Accommodation

Dear [Employee Name],

We are writing in response to your request for [a leave of absence / a workplace accommodation] beginning on [Start Date].

To evaluate your request and determine eligibility under [Company Policy / FMLA / ADA], we require medical documentation from your healthcare provider. Please have your provider complete the attached form or provide a written statement addressing the following:

- The date the condition commenced.
- The probable duration of the condition.
- The specific functional limitations or restrictions impacting your ability to perform your job duties.
- The expected return-to-work date (if applicable).

Please do not provide specific genetic information or a detailed medical diagnosis, as this is not required for this request.

Please submit the completed documentation to the Human Resources department by [Deadline Date]. All medical information will be kept confidential and stored separately from your personnel file.

If you have any questions regarding this request, please contact me at [Phone Number] or [Email Address].

Sincerely,

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

Attachment: [Medical Certification Form Name]