Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Request for Medical Documentation for Return to Work Accommodation

Dear [Employee Name],

We are writing to follow up on your request to return to work with medical accommodations. To ensure we can provide the appropriate support and maintain a safe working environment, we require specific medical documentation from your healthcare provider.

Please have your treating physician provide the following information:

- The nature of your functional limitations as they relate to your job duties.
- The anticipated duration of these limitations.
- Specific recommendations for accommodations that would allow you to perform your essential job functions.
- Confirmation of the date you are medically cleared to return to the workplace.

Please do not provide specific details regarding your underlying diagnosis; we only require information regarding your work-related restrictions and requirements.

Attached to this letter is a copy of your current Job Description to assist your physician in reviewing your essential duties. Please return the completed documentation to the Human Resources Department by [Date].

All medical information will be kept confidential in accordance with applicable privacy laws and will be stored in a file separate from your personnel record.

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

Sincerely,

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

Attachment: Job Description