

Date: [Insert Date]

To: [Healthcare Provider Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Clarification of FMLA Medical Certification

Patient Name: [Employee Name]

Date of Birth: [Employee DOB]

Dear [Healthcare Provider Name],

We have received the Family and Medical Leave Act (FMLA) medical certification you provided for the above-named employee. However, the certification is currently incomplete regarding the employee's ability to perform their essential job functions.

To process this leave request accurately, we require specific clarification on the following:

- **Assessment of Essential Functions:** Based on the attached job description, please specify which essential functions the employee is unable to perform.
- **Functional Limitations:** Please describe the specific physical or mental restrictions (e.g., lifting limits, standing duration, cognitive requirements) that prevent the employee from performing these tasks.
- **Duration of Restrictions:** Please provide an estimated timeframe for how long these specific functional limitations are expected to last.

I have attached a copy of the employee's official job description to assist you in this assessment. Please note that we are not seeking a diagnosis, but rather a functional assessment of the employee's ability to work.

Please return the clarified information via fax to [Fax Number] or via secure email to [Email Address] by [Insert Date - 7 days minimum].

Thank you for your assistance in this matter.

Sincerely,

[Your Name]
[Your Title]
[Company Name]
[Phone Number]

Attachment: Job Description for [Employee Name]