**ON COMPANY LETTERHEAD**

TEMPLATE PHYSICIAN LETTER

*CAUTION: This letter is a template and must be modified to reflect the particular facts and circumstances at issue for the employee who is involved. Please consult with counsel before adopting and applying this communication to an individual situation.*

[Date]

ADDRESS TO EMPLOYEE

**RE: [Company Name]’s Request for Medical Information**

Dear Employee:

We hope you are doing well. As you know, you have been intermittently absent from work on numerous occasions and, when at work, you periodically must leave your work area unannounced to [**describe reason for intermittent absences**]. We have also noticed instances where you **[describe observations during working time…i.e. have been lethargic and falling asleep at work]**. In light of this activity, and your requests to leave your work area unannounced **[restated reason for intermittent absence**] and recent request for a leave of absence, we are seeking information from your physician specifically as it relates to your ability to perform the essential functions of your position, requests for accommodation at work, and any on-going accommodation we may be able to provide in this regard. To assist you in providing this information, we have enclosed a job description for your position to present to your physician when completing these questions so he/she better understands the nature of your position. Specifically, we need to know the following information:

1. Can you continue to work and perform the essential functions of your position as a [**Job Title**] currently either with or without restrictions?

2. If you have work restrictions, what are those restrictions (i.e., restrictions on lifting, standing, sitting, walking, bending, working full-time, etc.)?

3. Are these restrictions permanent? If not, how long do you expect these restrictions to be in place?

4. If intermittent absences are necessary, please provide an estimate of the frequency and duration of the absences.

5. If intermittent absences are necessary, is this need permanent? If not, for how long will you need to miss work on an intermittent basis?

6. By allowing you to continue to work in your regular job pose a significant risk to your safety or the safety of your coworkers?

7. If the answer to the previous question is “yes,” what is the:

* duration of the risk;
* nature and severity of the potential harm;
* likelihood that the potential harm will occur; and
* imminence of the potential harm?

8. If, in your physician’s opinion, you could pose a direct threat to his own safety, do you have any recommendations as to how his condition might be accommodated on the job?

To comply with the Genetic Information Nondiscrimination Act of 2008 (GINA), we are asking that you not provide any genetic information of an individual or an individual’s family member when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Your prompt response will be greatly appreciated.

If you have any questions regarding this matter, please contact me.

Sincerely,