



State of New Jersey
[Facility's/Division's Name]
P.O. BOX [Insert]
[Insert facility/division address]

REQUEST FOR MEDICAL DOCUMENTATION FORM

Note: *This is a sample letter reflecting the type of additional information which may be needed in order to make a determination regarding a requested accommodation. The letter should be appropriately tailored according to the information which you may have and/or you need to ask the medical professional to complete a Job Demands form.*

[Date]

[Medical Professional]
[Address Line 1]
[Address Line 2]
[City, State, Zip]

RE: [Name of Individual Requesting Accommodation]

Dear [Medical Professional]

Recently, (Name of Individual Requesting Accommodation) advised us that you have treated (him/her) for a condition that may affect (his/her) ability to perform ((his/her)) job functions. We have begun a dialogue with this individual in an attempt to determine whether an accommodation may be required to permit (him/her) to perform the essential functions of (his/her) job.

In order to assess this situation, it is essential that you provide us with the following information as soon as possible, but no later than 5 business days from receipt of this letter:

1. Completed NJDHS Job Demands and Medical Capabilities Form
2. A diagnosis of condition;
3. A description of the nature and severity of symptoms currently suffered;
4. The proposed course of treatment;
5. Your prognosis as to the duration of the condition; and
6. Your opinion as to whether the condition precludes this individual from performing any of the essential functions of ((his/her)) job and, if so, your opinion as to the nature and duration of such limitations(s). In order to assist you in this regard, I have enclosed the job description which sets forth, among other things, a list of the essential functions of the job.

I have also enclosed a signed ADA Authorization for the Release of Health Information so you may share this information with us. If you require any additional information in order to fully and completely address the foregoing matter, please contact me.

Thank you for your anticipated prompt response to this request.

Very truly yours,

ADA Coordinator
Signature of Patient

Date